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ORIGINAL COMMUNICATIONS.

Cases occurring at the Clinic of the Jefferson Medical College.

Reported by JAMES PATTERSON, M. D.

MR. EDITOR :—Permit me from time to time to give publicity through the medium of your widely circulated journal, to some of the cases that present themselves at the surgical department of the Clinic of Jefferson Medical College, hoping that it may not be altogether uninteresting to some of your medical readers.

Amputation of the Thigh, by Prof. Mütter.

John M., æt. 14, residing in Pratt street below Spruce, a fine looking, intelligent youth, was admitted as an out-door patient to the surgical department on the 20th of Oct., with extensive disease of the left knee-joint, the result of an old white swelling.

The whole joint was enormously enlarged; the leg flexed at right angles with the thigh, and several large ulcers had formed in the vicinity, extending deep down into the joint and discharging a great quantity of fetid pus. According to his mother's account, the disease had existed for eleven years, and had been regarded as white swelling by several excellent physicians and surgeons, and treated as such; but it has only been two years since the ulceration commenced, and during that time his health has been rapidly failing. As there was hardly any probability of his ever obtaining

the use of his limb, as his constitution was commencing to sink under the profuse discharges of purulent matter, and as he was still young, it was deemed expedient that the limb should be removed. On the 27th of October, the patient, having himself decided to submit to an operation, was carried into the amphitheatre and placed on the operating table, in presence of the class and several physicians. The patient was placed under the influence of sulphuric ether, by means of Dr. Roper's apparatus, and the double flap operation performed in the usual manner at the upper third of the thigh. The ether in this case was not wholly satisfactory, for during the latter part of the operation he screamed and struggled violently, as if suffering great pain,—although when questioned about it afterwards, he said he had no clear recollection of it, but it was all a confused dream.

The flaps having been brought together by means of sutures and adhesive straps, a pledget of lint, dipped in cold water, was then placed over the wound, and over this a piece of oil silk to prevent evaporation; then to confine the dressings and prevent retraction of the muscles, a broad roller bandage, thus making a light and clean dressing, calculated to bring about union by the first intention. The patient was placed in bed, and a tourniquet put around his limb to guard against hemorrhage, and perfect quiet enjoined.

Six weeks have elapsed since the operation, and the patient is at the present time perfectly recovered.

Lithotomy—Simple Lateral Operation, by Prof. Pancoast.

George Washington Groff, æt. 6, residing in West Philadelphia, was brought before the class on the 30th of October for the purpose of having a urinary calculus extracted from his bladder. The patient being placed upon the table, his hands and feet were tied together in the usual manner, and a staff having been introduced into the bladder, an oblique incision was made on the left side by means of a common scalpel, extending from the raphe to the middle of a line drawn from the anus to the tuberosity of the ischium, dividing the integuments, the perineal fascia, transverse perineal muscle and artery, membranous portion of the urethra, left lateral lobe of the prostate and neck of the bladder, the knife having been pushed down into the triangular space between the

erector penis muscle and the accelerator urinæ, in order to reach the membranous portion of the urethra, cutting through some of the fibres of the levator ani muscle, and opening the urethra as near the base of the triangular ligament as possible, in order to avoid wounding the large artery of the bulb, which, coming off from the pudic, passes through the triangular ligament at a little distance below the symphysis pubis. The knife and staff having been withdrawn, a pair of forceps was thrust through the wound into the bladder, and the stone extracted, the whole operation not lasting more than three quarters of a minute, and performed with only three instruments, after the manner of Mr. Liston, whose great success as a lithotomist has been obtained by the use of the simplest apparatus, his incisions being commenced and completed with the same knife.

The patient was then placed in bed, laid on his left side, and a gum elastic catheter introduced into the bladder through the track of the wound, which, by facilitating the flow of urine, lessens the danger of infiltration and its dreadful consequences, and also presents an easy method of suppressing any venous or arterial hemorrhage.

Twelve hours after the operation a slight hemorrhage took place, which was easily restrained by the use of compresses dipped in cold water, and from that time to this (the twelfth day) the wound has been gradually uniting, and the urine has commenced to flow per urethram. The stone extracted was a mulberry calculus, very regular in its form, weighing one and a half drachms, and measuring three inches in its largest and two inches in its shortest diameter.

Neurology and Sulphuric Ether. By J. F. B. Flagg, M.D.

The theory of the *nervous system*, or rather that portion which embraces the passage of the nerves from the brain to the outer surfaces of the body, has heretofore been held to consist merely in a double arrangement of organization, thus classified: 1st, The *motor nerves*, or those which incite to action; and 2d, The *sensor*, or that complicated system of machinery which is so constructed as to convey to the mind various sensations through one medium. One set of nerves has been thought sufficient to allow us to dis-

criminate between that sensation which we denominate simply *touch* or *feeling*, and that commonly called *pain.*

From a series of experiments with sulphuric ether, in which I have been engaged for some time past, I am in possession of *facts*, which certainly go far to refute preconceived opinions touching this interesting question in physiology; yet, with proper diffidence would I lay before the scientific world, deductions I cannot resist, arising from those facts.

That ether can induce that condition of perfect unconsciousness of pain during the passage of the surgeon's knife in any known operation, is a question at the present moment entirely beyond cavil. As to the propriety or safety of so doing, it is a matter of no importance in reference to this subject of communication, except that it has led to as little use of the article as would justify us in securing the greatest good. For example: Cases have presented themselves to me where I would not suffer more ether to be taken than would cause the *consent* of the patient to the removal of a tooth; a consent that could not be obtained under usual circumstances. The pain probably was as great, or nearly so, as it would have been without the ether; but even under these circumstances, such individuals have been very united in ceding to it great merit.

It therefore became a desideratum (in the dental department particularly) to give, as nearly as possible, just a suitable quantity, and no more; and in my endeavours to establish this point, many peculiar mental and physical effects have been produced, which I have deemed worthy from time to time of presenting to the public through different periodicals of the day.

There is a particular point of etherization, which, if improved at the moment, will leave the patient in full possession of all his faculties, with the single exception of the SENSE OF PAIN; and, particularly, the consciousness of *touch* is as acute as under ordinary circumstances, if not quickened even. To account for this, *I assign to the system two sets of nerves; one, to carry to the brain the idea of* TOUCH—*the other of* PAIN.

I submit the following cases and certificate in support of my theory:—

A lady, operated upon for scirrhous breast, I so etherized as to keep her in conversation upon indifferent subjects through the

whole operation, which required two incisions, together about sixteen inches in extent, the entire removal of the gland, and the taking up of five or six arteries. Her replies to my questions were in a drowsy tone of voice, but strictly correct and consistent; her sense of taste and smell were tested by one of the medical gentlemen present, and found to be unaffected. She expressed much astonishment when told that the operation was completed, and observed *that she only felt them marking it out.*

So large a number have told me that they felt distinctly every part of an operation, *unconnected with pain*, that I deem it only necessary to report the following, as illustrative of *increased* sense of touch:—

In extracting a tooth for a gentleman, I used the German key, (an instrument that carries with it many painful associations.) I requested him to note any little thing that might occur to him, and explain it to me after the operation. He said that he was entirely conscious to the sense of touch; so much so, that he could detect, by the feeling, that the *bandage* which I used upon the fulcrum was composed of *silk;* nothing like pain was felt.

Several have remarked that a sensation of *cold* has been imparted from the instrument, without pain.

The following certificate I am authorized to submit:

[Copy.] *Philadelphia, Dec.* 15, 1847.

My attention having been taken by Dr. J. F. B. Flagg to the subject of fixing my mind upon the sensation of *touch* while under the influence of ether, for the purpose of having a tooth extracted, I hereby certify, that at the moment my tooth was removed, I distinctly felt the slightest touch upon my *hand*, my *knee* and my *forehead*. That I felt the whole process of extracting my tooth, but not the least pain. F. Stout.

In reference to the above case, I would mention that *after* the gentleman had completed inhaling, and the instant *previous* to extracting his tooth, I made a cross upon his knee with my finger, so delicately as scarcely to be sensible of the touch myself. Upon the effect of the ether passing off, I asked him what figure I described upon his knee? He replied that he barely felt it, but what he *did* feel was like a figure 8. Now it will readily be perceived, that in order to make a cross, we necessarily make the motion as described by this patient.

On the use of Ether and the Perchloride of Formyle, or Chloraform, in Surgical Operations.

We are indebted to Dr. S. G. Morton, for the following extract of a letter from Dr. James Suddards, of Philadelphia, dated Paris, December 1, 1847.

"In looking over the American papers a day or two since, I was somewhat surprised to read an article in the North American of our city, on the use of ether in surgical operations. The paper was from a gentleman in Boston, and recounted two cases of amputation, in which etherization had been employed with success; the wording, and indeed the whole tenor of his remarks, were such as to intimate rather an apology for a new discovery creeping into notice, than a description of what should now be considered an established therapeutical agent. It certainly is a matter of astonishment that in the very spot where its application for these purposes was first suggested, the surgeons and others, than whom there cannot be a more intelligent body in the world, should stand by, and doubtfully shake their heads, while the whole medical world of Europe should rise en masse, and loudly welcome the inventor as a benefactor of humanity. Is it not a shame to our country, and the profession, that we should calmly fold our hands before us, and allow our brethren in other parts of the world to reap the first fruits of a discovery which justly and rightly belongs to ourselves? To show the estimation in which it is held here, I need only mention that I have not seen a single operation during the whole five months of my residence, in which etherization was not employed and always with complete success; not an accident has happened, nor anything occurred to mar its happy effects. Indeed, so great is its reputation, that experiments have been made at the clinique of the faculty to see with what benefit it might be employed in labour; these operations I myself saw, and though they would scarcely justify an indiscriminate application, yet, as Dr. Smith of St. Bartholomew's, London, observes, they were so far beneficial as to lead us to hope great advantages, and stimulate to still further trial, if we might perchance lessen the pains of delivery, and do something for those who by nature and affection deserve so much at our hands. It would indeed, be considered cruel to subject a patient to the pain of any operation, however

trivial in itself, when its avoidance could be purchased at so cheap a rate. I trust that surgeons in America have at last awakened to the benefits of an agent which has so long been waiting at their very doors, and are beginning, though late, to avail themselves of its happy effects. At the present moment there is a new discovery which, from all appearances, bids fair to rival the ether. This is the Perchloride of Formyle, first discovered by a German chemist, and afterwards obtained by Dumas, who elicited its characteristic properties.

In March last some experiments were made by Prof. Flourens, of Paris, who observed that when inhaled by small animals, insensibility was soon produced; but from some reason or other, his experiments were not continued, and it gradually faded from recollection. A few weeks since, it was again brought into notice by Drs. Simpson of Edinburgh, and Ferguson of London, who by its aid performed several operations, with little or no pain to the patients. One case was of a little boy four or five years of age, with necrosis of the tibia; a few drops being placed upon a handkerchief, and applied to the mouth and nostrils of the patient, insensibility was in a few moments produced, and the diseased bone removed by Professor Miller, without eliciting the least expression of suffering. I had the pleasure of seeing two experiments performed by Dr. Blandin of Hotel Dieu: the first was a woman, with an abscess on the thigh; the chloroform was administered in the manner recommended by Dr. Simpson, and insensibility produced in three and a half minutes; so that when the abscess was opened, not the least sensation was evident, nor indeed was the patient aware of the operation having been performed. In the second case, an operation for crushing stone in the bladder, (also a woman,) the application was made in the same manner as the ether, by an improved apparatus, invented by Luer. In this case, so great was the effect, that complete insensibility was produced in thirty seconds. If these cases can be considered as fair samples of the good effects of the new agent, it certainly may be regarded as a valuable acquisition to the surgeon. Its advantages over ether, according to Dr. Simpson, are as follows:—

1. The ease with which it may be applied, requiring no appa-

ratus, but merely its application by handkerchief, as before mentioned.

2. It produces no coughing, irritation to the respiratory organs, or other unpleasant effect.

3. The rapidity of its action, requiring but one or two minutes at the utmost to produce complete insensibility."

BIBLIOGRAPHICAL NOTICES.

Materia Medica and Therapeutics. By MARTYN PAINE, A. M., M. D., Professor of Institutes of Medicine and Materia Medica in the University of New York, &c., &c. 12mo. pp. 412. New York: 1848.

The Author of this work is one of the most laborious, but not most perspicuous or successful writers of the country. Yet, although his productions can scarcely have received that pecuniary recompense, which, notwithstanding the mawkish sentimentality of some, is a sweet solace to exertion, he perseveres in endeavouring to render himself useful; and his present production is certainly calculated to be much more so than the "Therapeutical Arrangement of the Materia Medica," on which we found it necessary to animadvert a few years ago. Both, however, are too much skeletons or syllabuses to be extensively used out of the Author's class; and except in that locality, the constant reference made to his other works, and especially to his latest—"the Institutes of Medicine"—must still more restrict their adaptation.

Dr. Paine has long hoisted his flag—nailed it, indeed, to the mast—as a vitalist: and is hence but little disposed to credit the action of chemical agents on the living economy. The following motto at the very commencement of the work is, indeed, ominous

on this point. "It is only," says Dr. Paris, "here necessary to caution the practitioner against those fallacies into which the captivating theories of the chemist may seduce him." p. 10. Dr. Paine's fourth "general principle is laid down as follows:—

"Remedial agents operate directly upon the vital properties of the parts to which they are applied, and, through the medium of those parts, upon remote organs, by the principle of sympathy. The partial absorption of certain remedies is only a contingent result, and has little or no agency in the physiological phenomena. Their reputed absorption is greatly overrated, often only imaginary, and sometimes misrepresented. Such as have no natural relation to the vital properties modify the natural condition of the absorbing vessels before they can enter the circulation." p. 10.

We are glad that the author admits that remedies may enter the circulation, and that he does not belong to the *few* who are of opinion, that no extraneous matter can be received into the blood—not even the smallest quantity of milk or mucilage—without exciting disastrous results;—who think, that a true digestion or decomposition must be effected upon them before they can form part of the circulating current; and all this, notwithstanding that substances have for ages been thrown into the blood-vessels without such results, and that others, which have passed into the vessels by endosmotic or other action, have actually been detected there by appropriate reagents. Nor will it do for the author of the work before us to express his disbelief of the extensive absorption of numerous agents administered therapeutically and as poisons. We were amongst those, who once thought, that certain poisons act so instantaneously, that there is not time for them to reach the vital organs, so soon is life destroyed; and we were, therefore, compelled, under the statement of facts, to believe, that the first poisonous impression must have been made on the nerves of the part with which the poison was made to come in contact, whence it extended to other parts of the economy. More accurate experiments have, however, changed our views on this matter; and demonstrated to us, that in every case apparently there is an interval sufficient to permit the poison to pass to the organ on which its deadly influence has to be exerted, before such influence is perceptible. The experiments of Hering, Poiseuille, Matteucci, Blake and others, have sufficiently exhibited the almost inconceiva-

ble velocity of the circulation, and thus removed many difficulties from the path. Hering injected a solution of prussiate of potassa into the jugular vein of a horse, and at the same moment drew blood from the opposite jugular. Matteucci did the same; and changed the vessel that received the blood every five seconds. He found, as Poiseuille and Hering had done before him, that the blood, which issued twenty or twenty-five seconds after the injection, presented traces of the prussiate

Similar experiments, with like results, were made by Dr. Blake, formerly of London, now Professor of Surgery in St. Louis. These appeared in the 149th number of the *Edinburgh Medical and Surgical Journal;* and have been again published by Dr. Blake in the *St. Louis Medical and Surgical Journal* for November last.

The substance with which the greatest number of experiments has been made, and which has been supposed to destroy life instantaneously, when applied even in small quantities to a mucous surface, is the concentrated hydrocyanic acid. It has been asserted over and over again in the books, that a drop or two, applied to the conjunctiva of a dog, will instantaneously kill. To test this assertion, Dr. Blake "prepared half a drachm of the anhydrous acid, by passing dried sulphuretted hydrogen over bicyanide of mercury." The whole of this acid was poured on the tongue of a large dog, the head being kept elevated and the mouth held open. Not until eleven seconds did symptoms of the action of the poison appear. The respiration then became affected, and the animal was dead in thirty seconds from the time the poison was applied to the tongue.

Dr. Blake obtained from Sir Benjamin Brodie a portion of the deadly *woorara* poison, and injected five grains of it, dissolved in water, into the jugular vein of a dog: no symptoms of the action of the poison showed themselves until twenty seconds after it had been injected. Violent tetanic convulsions then came on, and the animal died about forty-five seconds after the injection. Dr. Blake infers from all his experiments, that they afford "conclusive evidence, that no objection can be raised against the theory of the absorption of poisons, on the ground, that the circulation is not sufficiently rapid for the blood to carry them to the organs affected in the time that has been observed to elapse between their

application and the appearance of the first symptoms of their action." We confess we are every day more and more disposed to believe in the operation of medicines by absorption; and most assuredly we shall never invoke the nervous doctrine until we find that our facts in regard to the rapidity of the circulation are "false," which is not likely to happen. The old method of estimating the velocity of the circulation by taking the whole quantity of blood in the body, the amount sent out at each contraction of the ventricle, and the number of pulsations in a given time, furnished an estimate, which, although somewhat surprising, appears to be far below the fact. If we value the quantity of blood in an average sized person at thirty pounds, the amount sent out during the systole of the ventricle at two ounces, and the number of pulsations in the minute at 80, the whole of the fluid of the circulation must pass through the heart in three minutes; and if we assume the estimate of the capacity of the ventricle made by Valentin to be correct—five ounces—it would be distributed in one and one-fifth of a minute. We do not then accord with the author, that the "reputed absorption of remedies is greatly overrated, often only imaginary, and sometimes misrepresented."

On a former occasion we spoke of the author's classification of therapeutical agents. We are not more favourably impressed with it now. Who can conceive of a class of "genito-urinary agents!"

We have not space to examine many points which might admit of discussion, and on which we by no means agree with the author. We wish much, that he had followed the nomenclature of the Pharmacopœia of the United States. The authority is good—equal, certainly, to that of any of the foreign pharmacopœias—and intended to be a standard *here* at least. Yet it is rarely followed by him.

Several typographical errors have struck us; and some orthographical inaccuracies, such as hyosciamus, which occurs repeatedly. Speaking of the work *positively*, we can recommend it as a brief epitome of Materia Medica and Therapeutics; and *relatively*, we deem it a great improvement on his former work of a similar kind.

Females and their Diseases; a Series of Letters to his Class. By Charles D. Meigs, M. D., Professor of Midwifery and the Diseases of Women and Children in the Jefferson Medical College of Philadelphia, etc. etc. etc. 8vo. pp. 670. Lea & Blanchard. Philadelphia: 1848.

This is the most *original* work that we have had occasion to notice for a long time. The author appears to think that medical subjects, except "the Physiology of Man," are "tiresome and disgusting," or, at least, wearisomely dull and uninteresting, when discussed in the plain didactic language generally employed by medical authors, and therefore he says, "I have endeavoured, according to my poor ability, to tell the truth about our Science and Art, and in doing so, to avoid the dulness—and I have thought the honestest way for a man to speak is, to speak what he thinks, in his own tone and manner, and not to come before the public under a false disguise."

A curious feature in the work is, the ever varying style. Although in the form of letters, we do not discover much of the epistolary character. At one time, we have the stateliness of a formal lecture; presently, it is a conversation with his pupils; and anon, a dialogue betwixt him and a lady patient! Some of the latter are droll beyond description, and but for the lack of time and space, we should be tempted to extract some specimens for the amusement of our readers. In one of these dialogues, with Miss Helen Blanque, a curious doctrine is unfolded, to which the author evidently attaches great importance, for we find the thread of it running through much of what is taught in the book. It concerns the lining membrane of the vessels—the *endangium*—or, as he calls it, the "*hæmatosic membrane.*" Addressing Miss Helen on the subject of the blood, he remarks:

"But all this blood is contained in those arteries, capillaries, or veins, we were just now speaking of. And the blood is not in contact with any part of your whole volume, save that inner tube, (endangium,) that inner quill within the swan quill; but, that inner tube is the 'common membrane of the blood-vessels,' and it would be much more sensible of us, if we would never call it by any other name than the Blood-Membrane, or the blood-making membrane: and if I were not too well bred to speak Greek in your ears—a sort

of 'leprous distilment'—I might call it the Hæmatosic membrane, a Greek word, that signifies blood-preparing, or blood-manufacturing membrane.

"If all the blood in your body touches this membrane, this tissue, and nothing else, then you have wit enough to perceive that, whatever be the cause of the production of the blood, that cause must exist in this hæmatosic membrane; I say, exist in it, either originally resident therein, or at least transmitted therethrough. This membrane is the ultimate, or the penultimate tissue in the hæmatosis.

"Suppose that membrane to be all right—all well—perfectly healthy and active in the performance of its duty in making 'the blood thereof'—don't you see that the 'life thereof' will be good and strong, and durable and pleasant? But, suppose, on the other hand, that the hæmatosic membrane is pale, flaccid, sick, weakly, good for nothing, can't you see that 'the blood thereof' will be like 'the life thereof'—good for little, or good for nothing?"

The idea, that the *endangium* or lining membrane of the vessels *manufactures the blood*, is new to us, and probably will be to the profession. What evidence is there of it? The author has adduced none, and we can conceive of none. Because all the blood in the body "touches this membrane," therefore the membrane must *manufacture* the blood, is a *non sequitur;* nor is it more logical to conclude, that the lining membrane of the blood-vessels is in fault in all modifications or derangements of the blood itself. When a woman floods largely, in a few hours it will be found that the absorbents have replenished the vessels; but the fluid will be poor and watery, and nearly unfit for the purposes of life. Now, what has the 'endangium' to do with this altered condition? Various substances are absorbed, and may be detected in the blood very speedily after being taken into the stomach, as iodine, turpentine, and the alkalies, &c. Here the blood is substantially changed in its condition, without the least instrumentality of "the hæmatosic membrane," as our author calls it. The blood, to a certain extent, is rendered either more or less alkaline, more or less crimson, and more or less consistent or fibrinous, according to the quality of the food from which it is made, and without the least reason for believing that any change has occurred in the "blood preparing membrane," any more than in every other part of the system.

The author's friendship, or exuberance of feeling, has in several instances led him into, what we conceive to be, extrava-

gant eulogy of individuals, and occasionally into—what we are sure he does not intend—invidious comparisons. An instance of this occurs at page 566, where he speaks of Dr. Robert Lee as "the ablest man in all England, in this department (Midwifery) of science and practice." "I told him," says our author, "in 1844, that he might safely die now." "Why die?" said he. "Because you are already ineffaceably inscribed on the roll of Fame." "How's that? how's that?" said he. "It is thus, my dear doctor:—first, you are the man who made the profession know the true nature of phlegmasia-alba-dolens; it is you who have taught us the malady is crural phlebitis:—secondly, you are indissolubly united with that company of men who have established the spontaneous ovulation as a cause of menstruation. Nothing can separate your fame from that of Négrier, Gendrin, Pouchet, Purkinje, Von Baer, Rudolph Wagner, &c. Thirdly, you have just now shown me your last and greatest discovery, that of the largest ganglion in the human body, to wit, the cervical ganglion of the womb. I don't see any thing left for you to discover, and therefore, I say, you may die now; nothing can prevent you from being immortal." This broad compliment seems to have been received with the utmost complacency by the object of it; for he rejoined, "I'll no die yet! I'll no die yet!"

Apart from mere difference in taste, we confess we cannot agree with the author in this overstrained praise. We do not believe it is just, either to Dr. Lee, or to other parties whose claims conflict with his in the very matters indicated in the author's laudation; and if Dr. L.'s title to immortality is to rest upon the grounds he has placed it, we have great fears for its validity. He certainly was far from being the first who established that phlegmasia dolens is crural phlebitis. Dr. Lee himself states expressly, that "it does not admit of dispute, that Dr. Davis *was the first who proved by dissection that phlegmasia dolens depended on inflammation of the iliac and femoral veins.*" He himself claims the credit of having traced the inflammation to the uterine veins,—which cannot, of course, apply to crural phlebitis in man,—a claim which, after all, is a straining after originality not to be admired; and which may well be disputed, as other pathologists by no means accord, nor can they accord with the idea, that crural phlebitis necessarily begins in the uterine veins. "It is

a remarkable circumstance," says Dr. Lee, "in the history of crural phlebitis, that nearly a century and a half should have elapsed from the time when it was first clearly pointed out by Mauriceau, before an opportunity was presented of ascertaining by dissection the precise nature of the disease. There had indeed been opportunities to determine the accuracy of the different hypotheses which had been advanced, but these were neglected, *and the seat of the disease and its commencement in the uterus were imperfectly understood* until the writer of this article" [Dr. Lee] " ascertained by dissection the true nature and origin of the complaint." This, be it observed, was in 1829, six years after the date which he himself properly assigns to the publication of Dr. Davis.

The other titles to immortality we esteem to be even more equivocal. In regard to Dr. Lee's views on the connection between ovulation and menstruation, he is only one of several who maintained them; and as to his description of the nerves of the uterus, although there are many who place credit in them, the Royal Society of London, by approving of, and crowning, the investigations of Mr. Beck—has virtually expressed the belief, that many of his so-called nerves have no title to be regarded as such. We may do Dr. Lee injustice—we are far from wishing to do so—when we state, that his course, in regard to reputed discoveries, and to his eminent fellow-observers, has not appeared to be magnanimous, or even in all cases characterized by over-liberality and accuracy. In the controversy with Mr. Beck, Dr. Sharpey and others, in regard to the uterine nerves, there certainly appeared to be too great a desire to elevate himself and his investigations at the expense of the fair fame of others; and we were pained to be compelled to arrive at this conclusion, and to have the respect which we had previously entertained for him, diminished by the merited castigations which his exacting statements in the journals drew down upon him. In the controversy, too, which occurred between him and Dr. R. Paterson, of Leith, on the subject of the corpus luteum, about three years ago, the characteristics of the *genus irritabile* were equally apparent; and, what was worse, faulty observation was too evidently associated with them. In the 142d number of the *Edinburgh Medical and Surgical Journal*, Dr. Paterson described what he conceived to be an early corpus luteum. This

was designated by Dr. Lee, in his lectures, as a mere clot of blood; and he afterwards affirmed, that "the said clot of blood did not present one of the characters of a true corpus luteum," and that if he "was summoned into a court of justice, he would have no hesitation in declaring upon oath, from the evidence furnished, that the proofs of pregnancy were wholly wanting." Dissatisfied—as well he might be—with these remarks, Dr. Paterson forwarded, through a friend, the *identical specimen*, without stating whence it came, in order that Dr. Lee's unbiassed opinion of it, from personal inspection, might be obtained; when, after a careful examination, Dr. Lee returned an answer, *declaring it to be an early corpus luteum, and requesting permission to describe it as such before the Royal Medico-Chirurgical Society of London!!*

Even in one of the very last numbers of the London "Lancet" (for Nov. 6, 1847) which we have received, we find him again in strife; charged by Dr. Fleetwood Churchill—a respectable name—with having "most unwarrantably published," without his consent, a letter hastily written to him two years previously. "That," says Dr. Churchill, "was, to say the least of it, uncourteous; but to distort its admissions until the statement becomes untrue, and to employ my own "candour" and "frankness" to disqualify my entire calculations, is an offence of a much graver character." We have not space to enter into the subject of the precise cause of difference between Dr. Churchill and Dr. Lee; but no unprejudiced person can read the correspondence without arriving at the conclusion that the right seems to be altogether with the former.

In another number of the same journal, (Nov. 20, 1847,) we observe that Dr. Lee is also engaged in a controversy with Professor Simpson, of Edinburg, towards whom he employs language which is certainly unusual in discussions among elevated members of our profession.

The author ridicules the idea of the existence of such diseases as *physometra* and *hydrometra*. With reference to the first of these, he remarks: "I cannot patiently endure to think that a pupil of mine, be he settled in Maine or Wisconsin, at the Sault St. Marie or Monterey, should admit to a patient that the womb can become filled and distended with gas, as a result of diseased secretion, for such secretion is impossible, and to admit it is ridi culous."

We cannot avoid the expression of our regret, that such language as "impossible," and "ridiculous," should be employed by so high an authority in reference to any scientific opinion, and especially to a phenomenon, which is unhesitatingly admitted by all the distinguished pathologists of the day. Physometra, too, is admitted by most writers on the subject, and avouched by numerous observers, among whom may be mentioned Astruc, Frank, Gooch, and Ashwell.

To deny what we have not ourselves seen, because we have not seen it, and because it does not exactly square with our *à priori* reasoning, is not courteous; and, moreover, it is a dangerous precedent for the young and inexperienced—an example that should not be set hastily by those who desire that their own statements may be implicitly received.

The author takes the bold ground that air (we understand him to mean gaseous matter of any kind,) is never secreted;—"Did you ever hear of air being secreted by the bladder of urine? Never. Air is not secreted. The bubbles that you see upon the skin, are not bubbles of secreted air; they arise from the vapourization, or from the transformation of fluid products on the skin. A fish even does not secrete the air of his swimming bladder. He comes to the surface for it."

In this extract it seems to us that we discover several errors of fact. In the first place, we have a distinct recollection of at least one well attested case of air being discharged from the bladder mixed with the urine. In the second place, we would ask, whence come the bubbles of air seen over all the body when lying tranquilly in a bath of clear water?

Under the head of *Pneumatoses*, in his Pathological Anatomy, Philadelphia edition, Vogel has the following remarks:

"*Gases may be actually secreted by different parts of the body.*"

"Thus, Magendie and Girardin assert, that on confining a portion of the intestine of a live dog between two ligatures, in the course of some hours the included portion was found full of air, which escaped with a hissing sound on making an incision. In the intestinal canal of swine we sometimes meet with considerable accumulations of gas between the layers forming the walls of the bowels. Sir Francis Smith has described an interesting case of the development of gas in man, which deserves a full notice. He states: 'On the 12th of May, 1840, I was consulted by a gentle-

man, who told me that he often suffered from an enormous development of gas in the stomach, which he discharged by eructation; that he likewise, occasionally, experienced a development of gas from the bladder, and that his skin acted in a similar manner, as he had observed in the bath. On the morning of the 15th, I found my patient in a bath at 79° F. His breast, shoulders, abdomen, and hands, were literally covered with minute bubbles of gas. On being questioned, the attendant at the bath stated that he had never previously witnessed anything of the kind. On removing the hands and arms from the water, the air bubbles disappeared, but gradually returned on again immersing those organs. The bubbles were of the size of a pin's head. On wiping them off, they disappeared, but gradually formed again."

With regard to the swimming bladder of fishes, we know that it is ranked by naturalists as a part of the respiratory apparatus, but there are many fishes in which it can subserve no such purpose—where, at least, no communication whatever with the external air can be discovered, and where the air in it cannot be procured by the "fish coming to the surface for it."

But whence comes the prodigious quantity of gas that sometimes proceeds from the stomach and bowels? We lately had a lady patient from whose stomach gas issued during a great part of the day and night, in such quantity as to be audible not only in the room beneath where she was, but even in the street; and a professional friend of ours, during a severe illness, was obliged to keep a tube continually in the anus to allow of the escape of gas from the bowels for many days. In these cases it was not to be believed, from the quantity of gas discharged, that it could have proceeded from the decomposition of ingested matter; and besides, it was without any perceptible odour. By the way, Dr. Churchill lays it down as a rule that, "in idiopathic physometra, the gas is inodorous, but not so when the result of decomposition."

Our author is equally incredulous on the subject of hydrometra. "A bunch of hydatids is a *dropsical placenta*, and a dropsical placenta is the dropsy of the womb, or hydrometra, of which you have heard." In this view of the disease, the author may be right, although most writers regard hydatids and hydrometra as distinct diseases, and the autopsies reported by Dr. Thompson, and others, seem to justify this distinction.

There are many other subjects embraced in this inter-

esting volume, of which we should be glad to say something, but already we have greatly exceeded the limits usually assigned to such notices. The work, as the author remarks, is made out of his own brains—the scissors have been but little employed. The first edition of such a work, and especially when coming from one of the most popular practitioners and teachers that the country has produced, demanded more than a passing notice, whilst truth, science, and a proper regard for the author, required that the notice, whether brief or extended, should be altogether frank. Our strictures, however, have occupied so much space as to exclude the commendations to which portions of the volume are entitled, and which it has been our desire to bestow. The reader nevertheless will have no difficulty in discovering the excellent counsel expressed on many of its pages, and having commenced their perusal, he will not be likely to desist until he has read every paragraph in the book. The style, as well as some of its doctrines, we are apt to think, will be sharply criticised. But as the author remarks, "Whether such a mode of writing may prove agreeable to the brethren, so as to meet their approbation, remains to be seen."

As might be expected in a first edition, driven through the press with all the rapidity of steam, as is the custom with Philadelphia publishers, some awkward typographical errors have escaped the proof-reader. These, (and, we hope, some of the points to which we have alluded,) will undergo the author's careful revision in a future edition, which, we predict, will be demanded at an early day.

Handbuch der Medicinischen Klinik, verfasst von Dr. C. Canstatt, ordentlichem Professor der Medicin an der Universität zu Erlangen und Mitgliede mehrerer gelehrter Gesellschaften. Zweite vermehrte Auflage. Zweiter Band. 8vo. S. 1098. Erlangen, 1847.

The receipt of this second and last volume of M. Canstatt's work on "Clinical Medicine, conveyed to us the gratifying information, that the laborious and able author is not dead, as we announced in our number for October, 1847, when noticing the other volumes of his extensive work. With regret, however, we learn from the *Vorwort*, dated at Pisa in December, 1846, that

since the winter of 1845, he has been a heavy sufferer, (*ein schwer Leidender,*) and compelled to visit a more southern region in the hope of restoration to health. This circumstance he mentions, not—as he remarks—to obtain credit for the mode in which the volume is executed,—but under his necessary want of books of reference, as an excuse for deficiencies, which might otherwise have been supplied. It is, however, well fitted to take its place with the rest of the series; and had the author not drawn attention to the subject, few of his readers—we will venture to say—would have discovered any difference. It embraces the *exanthematous diseases—malarious diseases,* in which he includes intermittent and remittent fever, yellow fever, oriental cholera, plague and dysentery—*typhus—rheums and catarrhs,* including rheumatism, influenza, hooping cough,—*heat diseases,* comprising bilious fever, sporadic cholera,—*diseases from animal poisons,* including glanders and worms, rabies canina, pustula maligna—*poisons—diseases of development,* including diseases of the newborn, of puberty, of the childbed state—*chronic pests,* including syphilis, gonorrhœa, lepra, plica; and *constitutional dyscrasies,* including scurvy, purpura hæmorrhagica, icterus, urodialysis, gout, hemorrhoids, tuberculosis and scrophulosis, rickets, osteomalacia of adults, and cancer,—a somewhat singular classification, it must be admitted.

Although this second volume, which—*more Germanico,* appears long after the third and fourth—completes the consideration of individual diseases, we find we have still to wait—before the work can be bound—for the Index—*Sachregister*—which is promised in four weeks from the publication of the volume before us.

Of the character of the work of M. Canstatt, we gave our opinion in the number of the "Examiner" already referred to. We can recommend it to those who are acquainted with the German language. It contains a vast amount of information, and is free from the over-speculative fault of many of the productions of his countrymen on the same and similar subjects.

The Practice of Medicine, a Treatise on Special Pathology and Therapeutics. By Robley Dunglison, M. D., Professor of the Institutes of Medicine, &c., in Jefferson Medical College, Philadelphia; Lecturer on Clinical Medicine, &c. *Third Edition.* In two volumes, 8vo. pp. 1496. Lea & Blanchard, Philadelphia, 1848.

That a work like the present, on a subject of special science, in two large volumes, should pass into so many editions in a period of five years, is a rare compliment to the author. The third edition of a work so well appreciated, and from an author whose doctrines are so extensively known, requires but a brief notice. The author observes in the preface that, "Since the publication of the second edition of this work, short as the interval has been, so much activity has prevailed in the advancement of medical knowledge, that a thorough revision of it became necessary. Several pathological affections, too, had been omitted, which are now inserted." The volumes having come from the press since our journal was in the printer's hands, we have had but little time to glance through them; this superficial examination, however, has sufficed to show us that over two hundred pages have been added to the last edition, and every subject has shared in the revision. We think we may venture the assertion that, on every topic embraced in the work, the latest information will be found carefully posted up.

THE MEDICAL EXAMINER.

PHILADELPHIA, JANUARY, 1848.

NEW OBSTETRICAL JOURNAL.

We have received from Dr. Clay, of Manchester, England, a prospectus of a journal, to be issued bi-monthly, devoted to Obstetric Medicine and Surgery, and the Diseases of Women and Children, and to be illustrated with wood cuts and engravings.

The enterprise is a new one in England as well as in the United States, although not without examples on the continent. The materials for such a record are and will continue to be abundant, and under the supervision of a competent editor, the journal must prove eminently useful.

The editor, Dr. Charles Clay, is extensively and advantageously known as a contributor to the British medical journals on various subjects of obstetrical science, and as we understand he is to have the assistance of many eminent medical men, British and Foreign, we have the best assurance that the work will be ably conducted. For the information of our readers, some of whom may be disposed to subscribe for the journal, we have inserted the "prospectus" in our Record. We shall welcome it as a valuable addition to our list of exchanges.

THE "LEDOYEN DISINFECTING FLUID."

For some time past, the medical journals of Great Britain have been animadverting on the encouragement given to empiricism by the British Government, in directing experiments to be instituted for disinfecting the subjects of contagious diseases, as well as infected localities, with a preparation suggested by M. Ledoyen, which is offered for sale in our shops, and has acquired no little notoriety. We have not examined it, but it is said to be capable of removing offensive odours, at least as effectually as any other agent. The mistake was, however, incurred in supposing—as has been over and over again supposed, and as often negatived—that if offensive odours are destroyed, contagious and other miasmata will share the like fate. It is not many years since Professor Daniel, of London, affirmed, that the essence of the

malaria of the Niger is sulphuretted hydrogen; and as sulphuretted hydrogen is decomposed by chlorine, he inferred, that it is but necessary for a ship sailing in the waters of the Niger to be provided with an apparatus that can disengage a sufficient quantity of chlorine, and then it may remain in those pestilential localities with impunity. Observation showed not only fallacy of fact, but fallacy of argument. The sulphuretted hydrogen was proved not to exist in the waters of the Niger, but to be the product of the decomposition of the specimens sent to England. Ships were liberally furnished by the government with expensive apparatuses for the disengagement of the gas; and after they had been thus furnished they suffered more disastrously from the endemic of the country than they had ever done previously. The chlorine was found to possess no disinfecting power over the malaria.

In the same disastrous manner has the Ledoyen "disinfection" eventuated. In the *British and American Journal of Medical and Physical Science*, for December, 1847, we learn that Col. Calvert—the great supporter of M. Ledoyen, and asserter of the powerful disinfecting virtues of the Ledoyen fluid—has died a victim to the disease, to neutralize the contagious property of which he visited this continent in company with its inventor.

"At Quebec, on the 12th of November, of typhus, Colonel Calvert, who accompanied M. Ledoyen to this country, under the authority of the British Government, to test the efficacy of the disinfecting fluid proposed by the latter as a preventive of the spread of typhus, by destroying the contagious miasm. The commonest justice to Col. Calvert requires us to record our sincere conviction of his thorough belief in the efficacy of M. Ledoyen's agent, and in his falling a victim himself to typhus fever in his sedulous endeavours to demonstrate the benefits obtainable from the employment of the fluid, he has been, according to the inscrutable ways of Providence, permitted to exhibit, in his own person, the utter futility of the means which he himself advocated so strenuously."

It would appear from the following article in the same journal, that experiments have been made in the Canadas, both with the fluid proposed by M. Ledoyen, and with that suggested by Sir Wm. Burnett, as a disinfecting and antiseptic agent. The active material in the former is said to be nitrate of lead; in the latter, chloride of zinc, which, as an antiseptic, in the dissecting room, has the testimonials of Messrs. Bowman, Sharpey and others, in its favour. (See Dunglison's *New Remedies*, p. 600, edit. of 1846.)

The Disinfecting Fluids.—The experiments with these fluids have

been brought to a close, and from all that we have heard and read upon the subject, our opinion as to any *disinfecting* properties possessed by either Sir W. Burnett's or M. Ledoyen's is still unaltered. According to the results of some experiments made at the Marine Hospital, Quebec, to determine which possessed the greater power in mitigating or destroying the effluvium from soil, votes were given in favour of Sir W. Burnett's fluid. We apprehend, however, that not much difference exists between them both in this respect. Some disagreement having arisen between the experimenters, M. Ledoyen treated the profession in Quebec to some novel therapeutic ideas in relation to the injurious agency of the preparations of zinc on the animal economy when applied to, and absorbed from, ulcerated surfaces. This is worth noticing, only in so far as it evinces to what extent a preconceived notion, with strong enthusiasm, can warp the judgment and influence the reasoning faculties of an individual. M. Ledoyen has left for England, after having suffered from typhus himself; and poor Colonel Calvert is no more, having succumbed to a more virulent attack of the same disease. We sincerely sympathize with Colonel Calvert's family in the bereavement which they have suffered; but, at the same time, we regard the consequences to M. Ledoyen and Colonel Calvert as a strong proof of the fallacy of the views which they entertained, and as affording matter for a homily on the whole affair.

We extract the following notice from one of the daily papers of this city. It relates to an under-graduate of Jefferson Medical College, who has shown by his example how much may be learned in the space of a few months, by one who energetically devotes himself to his studies.

A HANDSOME TRIBUTE TO MERIT.

At a meeting of the members of the Jefferson Medical Class of 1846–7, held on Monday, the 22d of November, Duncan Chambers, of Pennsylvania, having been called to the Chair, and Mr. A. J. Foard, of Georgia, appointed Secretary, the object of the meeting was stated, and an appropriate preamble and resolutions were read and unanimously adopted.

The object of the meeting, as stated, was to procure and present to GEORGE H. HOWELL, a member of the Jefferson Medical Class of 1846–7, a Case of Surgical Instruments, as a testimony of their esteem and approbation of the zeal and ability with which he had prosecuted his medical studies, and by which he had, in the short space of twenty-two months, qualified himself, as decided by the Navy Board of Examiners, for the honorable and responsible position of Assistant Surgeon in the Navy.

The presentation took place on Wednesday evening, November 24th, in the Medical Hall of Jefferson Medical College, in the presence of a large and highly respectable audience.

The presentation was made to Dr. Howell by Mr. D. Chambers, in a neat and appropriate address, in which he took occasion to express, in behalf of the donors, the admiration with which they regarded his talents and medical attainments, and the strong assurance they felt that his future career would equal in success and brilliancy that which had already won the highest regard and esteem of his Professors and classmates. To which Dr. Howell responded in a manner that showed that modesty and true merit are twin sisters. To say that his language evidently conveyed the real sentiments of the heart—is to give to those who know him best, a correct idea of the character of his remarks.

SMALL-POX.

It is reported that several members of the Indiana Legislature having contracted the small-pox at the seat of government of that State, the Legislature has adjourned to meet in February.

A very curious account of the occurrence of the disease, or something simulating it, in the sheep, is contained in our *Record* department of the present number.

THE CHOLERA.

Official accounts from St. Petersburg, dated the 12th Nov., announce that the cholera had made fresh progress at Moscow. Between the 25th of October and 1st of November the number of cases daily increased, 641 persons having been attacked during that period, 238 of whom had died. From the first appearance of the malady in that city up to the 1st of November, 1197 cases occurred, 402 of which proved fatal. The patients belonged for the most part to the lower classes. The cholera had totally ceased in the government of Astrakan, where it carried off 3772 persons, and in that of Koursk, where 1087 died out of 1673 patients. At Kazan there were 1224 cases and 665 deaths. At Kleff the cholera was likewise increasing in intensity. Since the 26th of October, 278 were attacked and 113 died.

RECORD OF MEDICAL SCIENCE.

Prospectus of a Bi-Monthly Record of Obstetric Medicine and Surgery, and of the Diseases of Women and Children. Edited by Dr. Clay, Manchester.

It has long been evident to practical medical men that Obstetrics have never been duly cared for, or encouraged by the medical press of this country, whilst at the same time it must be acknowledged that the articles produced from such resources yield to no other in interest, importance, or utility.

The Editor therefore proposes to fill up this hiatus by establishing a periodical entirely devoted to Obstetric Medicine and Surgery with the Diseases of Women and Children. And though it will be a new feature in English Medical literature to treat upon one branch of Medical Science exclusively—yet it is hoped greater justice will be rendered to the department selected by this means than could possibly be obtained by any other. A similar plan has already been adopted on the continent and succeeded admirably, it is therefore presumed an effort at home will not prove abortive.

From the cordial promises of support and assistance from many eminent Accoucheurs, British and Foreign, the Editor feels no doubt in asserting that the contemplated periodical will contain papers of the highest value and interest to practitioners, and that the Journal itself will yield to none in respectability, talents of its contributors, and the strict professional character of its arangement. A number of very valuable papers are already promised, and will be inserted in the early numbers.

As it is the intention of the Editor to conduct the Journal upon new principles, a brief outline of the plan will be necessary.

Plan.—Every Communication, Book, or even Advertisement, that is based on Quackery, or couched in unprofessional language, will be rejected. And although such are often a source of considerable profit to an Editor, he is determined not to allow even the cover of this publication for such a purpose; trusting solely to the extensive support of regular practitioners.

Medical Politics will have no place in the pages of this periodical.

Leading Articles, (excepting the Editorial Address in the first number) will at all times be very short, and generally confined to practical information.

For Anonymous Reviews, the Editor intends to substitute an entirely new plan, viz: The author to furnish the work to the Editor, accompanied with a faithful abstract of all that is material in the work, giving a clear idea of the nature of the same. The Editor reserving his right of comment.

A Monthly Retrospect of Obstetric Information, selected with care from all the British and Foreign Journals.

Occasionally will be reprinted, and paged separately, so as to bind

up as independent works—Translations of extremely scarce and valuable Monographs, from the Latin, French, German, Dutch, and other languages, Ancient and Modern—Reprints of very scarce English Monographs—and the printing of rare and valuable Manuscripts; of these many are now in possession of the Editor, who will also esteem it a favour to receive such curiosities from his supporters for publication, after which the originals will be most punctually returned.

The ANCIENT MONOGRAPHS will be arranged in epochs:—

First. Commencing with *Hippocrates*, about 450 B. C., including all in reference to Obstetrics, from the best writers, to the year A.D. 1000, ending with *Nonnus.*

Second. Commencing with *Avicenna*, including the writers to A. D. 1500, ending with *Rhodion.*

Third. Commencing with *Bonaciolus*, including the writers to A. D. 1650, ending with *Riviere.*

Fourth. Commencing with *Primrose*, in 1650, including authors up to 1760.

Fifth. Modern Scarce Monographs.

Sixth Division will be the printing of rare Manuscripts.

The Editor has also been for some years engaged in compiling an Encyclopædia of the past and present state of Obstetric Medicine and Surgery, including the diseases of Women and Children, (at least a thousand articles of which are already prepared) and should he be liberally supported, he proposes to publish a few pages in each number of the Journal so as to bind up as a separate work, forming a complete Encyclopædia of General Reference to the Student and Practitioner, bringing down the science of Obstetrics from the earliest period of history to the present time. Illustrated by some hundreds of wood-cuts, &c.

The Editor having in his possession a most extensive library of Obstetric authorities, ancient and modern, consisting of works in most European Languages, collected at great expense, he proposes to use it for the benefit of his readers in answers to Practical, Theoretical, Historical, Biographical, and Bibliographical questions.

The usual Journal Information will not be neglected; Notices of new publications; Appointments; Obituary; Biography of past and Sketches of living Authors; Questions answered. Excerpts from rare works, selected as curiosities, or for their practical value. Notices to Correspondents. A list of contributors and subscribers will occasionally be published, &c., &c.

Such are the principles on which it is proposed to conduct this periodical, the pages of which will at all times be open to encourage professional improvements; towards their advancement any communication connected with the objects of the journal will be thankfully received.

Death of Dr. Wainwright from the Bite of a Rattlesnake.—The melancholy death of Dr. Wainwright, from the bite of a snake, we have already recorded, but the circumstances attending the case are

so fully set forth in the following, from the "Globe," that we lay it before our readers.—*Penn. Inq.*

On Thursday afternoon, Dr. W. received from a brother-in-law in Alabama, through one of our packets, a number of rare plants, &c. —the productions of that section of the Union—and, probably, for the purpose of furnishing a subject for more scientific experiments, a rattlesnake, six feet long, was contained in the invoice.

The reptile was securely boxed; but it seems that Dr. W., for the purpose of exhibiting it to some friends in the evening, took the box to the Broadway House, corner of Grand and Broadway, where, knocking off the top, the snake was let loose upon the bar-room floor. Throwing itself into a coil, the dangerous creature commenced that low hum, or species of ringing, (not the rattle,) which is peculiar to the species, and seemed inclined to remain quiet; probably the change of climate produced a sort of torpor, and it was repeatedly teased with a stick without betraying much viciousness. Indeed, one gentleman ventured so far as to raise it with the toe of his boot! escaping unscathed.

After being exposed some twenty minutes to the gaze of those present, Dr. Wainwright attempted to return the snake to the box, and for that purpose inconsiderately seized the venomous thing with his NAKED HAND! when, in an instant, with only the slightest premonitory rattle, the reptile raised his head, threw back his jaw, and STRUCK—the fangs entering between the fingers, and fastening on the inside of the ring-finger on the right hand!

Immediate measures were taken to prevent the spread of the poison through the system. The flesh in the neighbourhood of the part was cut out, and Dr. Wainwright removed to his house in Crosby street, where other medical and surgical aid was called, without delay, and in a few minutes the room was filled with his professional friends, among whom were Drs. Whittaker, Parker and Caldwell, of the Institute.

Energetic means were made use of to counteract the effect of the venom, but unaccountably, all known remedies seemed to be of no avail, and the entire arm commenced swelling most fearfully. At this juncture we are informed, that Dr. Wainwright, with much presence of mind, begged to have an amputation of the whole arm performed, but, after consultation, this course was deemed inadvisable, and the victim, enduring the most excruciationg agony, continued to sink, and finally expired at half an hour after midnight—the lamp of life going out at last quietly, and with apparently no struggle.

The unhappy man seemed to possess his full faculties almost to the last moment, and was perfectly aware of the fate to which he was inevitably hastening. Some fifteen minutes before his decease, turning to a friend who was supporting him, "This is horrible!" said he, as he felt the extreme pain leaving his hand, and the sensation of ease slowly creeping up the arm from the seat of the wound —"This is horrible!—to know that death is gradually feeling his way to my vitals!—That arm is dead already! and"—placing the

uninjured hand over his heart—" the destroyer will soon be HERE!!" This acute knowledge of his sure dissolution, which, as a medical man, he must have possessed, could have been nought else than truly fearful.

The body after death, presented the usual appearance of disease from the bite of these hideous reptiles, it being frightfully swollen and mottled.

The snake, we believe, was secured by Mr. Martin, the proprietor of the Broadway House, by throwing a net over it, and has been killed.

Dr. Wainwright, we learn, was a native of England, and the son of one of the principal bankers in the British metropolis. He had been a resident of this city for some years, and had an extensive practice in addition to the position he occupied at the Crosby street Institute.

He was 36 years of age, and has left a wife and two children, with a large circle of friends, to mourn his early and most agonizing death.

We learn that the body of the unfortunate man was embalmed, and will be buried in the Greenwood Cemetry on Sunday next.

Naval Surgeons.—The Board of Naval Surgeons, which has been in session at the Naval Asylum since the 11th of October, has adjourned under order of the Navy Department, to meet again on the 10th of January next. Candidates will have time to prepare for examination. The following candidates for admission have been examined by the Board recently in session, found qualified, and commissioned as assistant surgeons to rank in the following order:—1. William Lowber. 2. D. Warren Brickell. 3. Geo. H. Howell. 4. D. P. Phillips. 5. Ashton Miles. 6. Phineas S. Horwitz.

In connection with this subject, the following communication, which we find in the Washington Union, possesses peculiar interest:—

Want of Medical Officers in the Navy.—Within a few days intelligence has been received of the death of three of the most able and efficient naval surgeons, from yellow fever, at the hospital on the island of Salmadina near Vera Cruz. The number of sick in the squadron was still large, and an additional number of medical officers are required upon that as well as upon other stations, while the present number, limited by law, is inadequate to the wants of the service; and *every annual report from the Secretary of the Navy, for the last four years, has complained of the paucity of medical officers, and asked for an increase of that corps.*

Three years ago, the gentleman at present at the head of the department, and who is so familiar with all the wants of the service, urgently asking for an increase, remarked, "that several of the most industrious and efficient members of the corps had resigned in consequence of the continued arduous duties unavoidably imposed upon them, and their being immediately reordered to sea after long and protracted cruizing." This state of things continues to exist, and Congress alone can apply the remedy.

The government is most assuredly bound to supply with medical aid those brave officers and men, who not only brave death at the cannon's mouth but also live amidst disease and pestilence in the most insalubrious climates on the face of the globe.

On reference to the Navy Registers, as far back as our war in 1814, the cause of this disproportion of medical officers becomes obvious. While all the other grades in the navy have been tripled and quadrupled, while our ships have been so much increased in numbers, and the cruising stations augmented by the addition of squadrons on the coast of Africa and in the East Indies; whilst many of the senior surgeons have been rendered incapable of active service, from advanced age or from impaired health, the corps of medical officers have received little or no addition, while their duties have been so much augmented.

The following table, taken from the official Navy Register, will exhibit the number of officers of each grade in 1815 and 1847, with the increase:

	1815.	1847.	Increase.
Captains, - - -	32	64	32
Commanders, - - -	18	97	79
Lieutenants, - - -	140	324	184
Surgeons, - - -	48	69	21
Assistant Surgeons, - -	72	67	

The above table shows the increase of all classes of officers, save the medical corps, with the increase of the navy and the rapid growth of the whole country. At present the number of surgeons in the navy is inadequate to the performance of the duties.

It is earnestly hoped that the next Congress will act promptly and speedily upon this matter, and make such an increase of the corps as the service demands, and the Secretary shall recommend. They will thereby not only perform an act of duty, but one of HUMANITY.

Observations on Enlarged Tonsils. BY FRANK H. HAMILTON, M. D., of Buffalo.—I have brief notes of 52 cases of enlarged tonsils which I have extirpated. The notes have been made chiefly by my students, and are not as full or systematic as I wish they were; yet the experience which they embody is perhaps worth recording. I have made some operations in addition to these in my note book, but in the following summary and conclusions, I shall endeavor to confine myself to such practical inferences as the *recorded* cases alone will justify.

Pathology.—In all the above cases the glands have been simply enlarged and slightly indurated, except that in six or eight instances a few small tubercular deposites have been found in them. I have never seen them scirrhous, or affected with any other malignant disease. Of some 50 or more preserved in alcohol, and in the College Museum, not the slightest difference can be seen in their structure; and as to size, the largest is not more than sixteen lines in length, and eight in breadth.

Etiology.—Among the causes assigned by the parents and friends, or by the patients themselves, 10 are set down as attributed to scar-

latina, 7 to whoopiug cough, 3 to croup, 18 to hereditary predisposition, as shown in its having occurred in the parents or other members of the family, and the balance are unaccounted for. Many of these patients had a scrofulous look, and some had, at the same time, enlargements of the lymphatic glands of the neck.

Age at which the Enlargement was first noticed.—Generally between the third or fourth and seventh year of life: from which time they gradually increased in size until the tenth or fifteenth year, or until they were removed.

Effects and results when left to themselves.—They gradually diminish in size after the tenth or twelfth year, and finally disappear, or rather, become reduced to their normal size: so that it is extremely rare to see enlarged tonsils after the twentieth year. I have never seen but one after the twenty-seventh year, and this was at the forty-second year, but the enlargement was moderate

In the mean time, however, or, at least, during all the period of childhood, the patient is liable to frequent attacks of acute tonsilitis, which alone are sometimes sufficient to permanently impair the health; to a serious impediment in speech and hearing, both of which I think may become permanent, but in proof of this supposition I cannot cite any cases; it is certain, however, that it often interferes materially with the education of the child. Such children are almost always dull in their studies, or timid or petulant in their manners and feelings. They are also liable to severe attacks of croup in early life, and later to more chronic bronchial affections.

Local or general Therapeutic treatment.—Of this I have but little right to speak, since I have myself seldom resorted to any other means than extirpation; and I have not, because I have seldom heard of a cure clearly traceable to these measures, but especially because I have found the operation so simple, certain and safe. If anything can be said in defence of therapeutic means, I would rather leave it to those who have themselves experienced their advantages.

Circumstances contra-indicating an operation.—The operation of excision ought not to be made when the glands are *inflamed*, unless the patient is threatened with suffocation, since the operation is then more difficult, more painful, and is more liable to be followed by fatal inflammation, (I have seen the operation made upon a child, whose tonsils were at the time inflamed, terminate fatally in a few days from inflammation extending to the larynx,) but especially because the danger from hemorrhage is then much greater. A friend of mine, a clergyman, applied to me to excise his tonsils, but I declined because they were inflamed. He went next day to New York city and called immediately upon a famous tonsil cutter, who shaved them off at once, and the wounds bled during three days. The bleeding was finally arrested by the hot iron, but not until life was almost extinct.

They ought no to be excised when no other reason can be assigned than that they are enlarged.

We should prefer not to make the operation, where the patient has a hemorrhagic diathesis.

Circumstances which indicate an operation.—It ought to be made when from their size, the patient is in danger of immediate suffocation, in whatever condition they may be. It ought to be made, having first removed all inflammation, when they produce deafness or impair speech, or occasion frequent attacks of tonsilitis, or occasional attacks of laryngitis, or endanger the developement of chronic bronchitis, or of phthsis in persons already predisposed. Or it might be proper where, as in one case, which will be stated hereafter, the glands were affected with an obstinate neuralgic disease.

Age at which the operation can be made, and at which it is usually made.—Three of my operations were made upon children two years old, but at this age owing to the smallness of the mouth, the operation is more difficult. I have made one upon a man aged forty-two, but the large majority have been made between the ages of four and ten years.

Mode of operation.—No one now questions the superiority of excision to the old, tedious and terribly painful process of ligation. The last argument upon which the ligature was sustained, viz.—that the knife was the most dangerous because of the hemorrhage which might follow—has long been given up: for we know that if some little danger does actually exist from the hemorrhage, it is much more than counterbalanced by the danger which attends the inflammation inevitably consequent upon the use of the ligature. I have never used the ligature myself, but I remember to have seen it used when I was an apprentice, and I can assure those who have never witnessed it, that it is one of the most barbarous operations in the surgical catalogue.

The question is now, only as to the *instrument to be used* in excision. The number of instruments invented for this purpose is very great, the majority of which have some real merit, and will answer, for probably every man will first use that instrument to which he is most accustomed, yet if I were to recommend a *young* practitioner to choose, I would unhesitatingly give preference to "Owen's" instrument. This is the instrument which I have always used, and have preferred, notwithstanding I have five or six other well made and ingenious instruments constructed for the same purpose. In it seem to be combined all the excellences, with none of the faults, of other tonsil instruments. Let me mention a few of the qualities which the instrument ought to possess.

The handle should be sufficiently large to be felt in the grasp and not too smooth—it should be set firmly on the shaft and at a proper angle, greater than a right angle. The shaft should be seven inches long, and three-fourths of an inch wide, so as to separate the teeth of the patient and protect the fingers of the operator—the tonsil should be seized by forceps attached to the instrument rather than by a pin, since, when the pin is used the tonsil may slip off after the operation, and be swallowed, or fall upon the rima glottidis and produce suffocation; the forceps should be so attached upon a pivot as that the tonsil can be drawn through the ring as much or

as little as the operator chooses. Those instruments whose stilets merely transfix the tonsil without drawing it through, often fail of taking a sufficient amount of the gland. The forceps which are moved by the action of a spring, I have seen tear out—it is much better that the hand of the operator alone should control the forceps, and especially because by the hand alone can discretion be exercised to the amount to be removed. The teeth of the forceps, when the forceps are opened, should never encroach upon the inner circle of the ring. The ring or fenestrum which is to receive the tonsil ought to be of moderate size ; if large, it requires too much breadth at this part of the instrument. The size which will be found adapted to nearly all, if not all tonsils, is ten lines in breadth by twelve in length. Into this we can always introduce the gland sufficiently far to seize it with the forceps, and if seized, we shall never fail to be able to draw it through as much as we choose. The edge of the knife or guillotine must be camerated—roof-shaped and not rounded, and it must cut by "propulsion," being propelled by the thumb of the hand which holds the instrument. Instruments that cut by "retraction" cannot have properly shaped guillotines, nor can such shaped guillotines be easily sharpened, and they are objectionable also from the fact that they require one hand to hold the instrument, while the other retracts the blade, and the forceps must be abandoned. Besides this, it will always be found where one hand holds the instrument and the other witndraws the blade, that the two forces acting in opposite directions will not be equal, and the ring is liable to be pulled forward or pushed backward and to slip from the gland ; but when the thumb of the same hand which grasps the handle projects the blade, the antagonist powers are equal, and the instrument remains steady and firm to its place.

These are a few of the principal points in the construction of a tonsil instrument, whose value every one who operates much will appreciate, but there are many other little details which go to make the perfect instrument, and which require an experienced cutler to properly supply.

If the instrument is not perfect, I would rather use a long pair of forceps and a probe pointed bistoury, yet I object to these generally, because the operation with the bistoury is more difficult, and exposes the mouth and tongue to be badly cut, an accident which can never happen with a well constructed tonsil instrument.—(Owens' instrument may be had at his cutler's shop in Albany.)

The patient being seated before a strong light, the instrument is introduced with its "back" (by the "back" I mean that surface upon which the forceps lie, and by the "face," the opposite surface) applied to the tongue, and its "face" directed to the roof of the mouth: and in this way it is carried *below* the tonsil, and the tonsil is made to drop into it by pressing *from below*—a highly practical point, which constitutes nearly all the art of seizing the gland—the "face" is then turned obliquely upwards and outwards and pressed snugly upon the tonsil, while the forceps is made to seize it,

and by steady traction draw it through. If the gland is large, the forceps should be moved laterally and slowly. The thumb now completes the operation by firmly thrusting the knife forward.

When, owing to the inability or disinclination of the patient to control the tongue, it is so thrust about that the tonsil cannot be kept in view, the forefinger of the hand not employed in holding the instrument may be held in the ring until the tonsil is *felt* to be fairly entered, and then the same hand may be withdrawn to seize the forceps, and the balance of the operation will be completed as before described. So easy is it to adjust the gland and seize it by the sense of feeling alone, that, as my students will remember, I seldom look into the mouth during the operation, and yet, if it is large enough to be seized at all, I never fail to bring it out, and so far as I am myself concerned, I have come to prefer this mode of operating, yet I cannot say that those unaccustomed to the operation would not operate better when the gland is in sight.

Hemorrhage from the wound.—The amount is generally trifling, usually not more than half an ounce—occasionally it is two or three onnces. If it does not cease spontaneously in a minute or two, a gargle of cold water will arrest it in most cases: but if this fail, let the neck be freely exposed, and a neck-cloth filled with snow placed about the neck, and especially opposite the seat of the tonsil. If snow cannot be obtained, pounded ice, or even cold wet cloths will answer. This plan I have never seen fail of arresting the bleeding most promptly, even where the most powerful astringents and caustics had already been resorted to with no effect, or with the effect only of increasing the hemorrhage at each application by disturbing the partially formed coagula. In only three cases of all the number operated upon, has the bleeding been alarming. The two first, a girl and a boy, both a little past the age of puberty, occurred, by a singular coincidence, on the same day. I had removed about two thirds of each gland in both patients. One bled until partial syncope occurred, and the other was finally arrested by the snow applied to the neck, and short of syncope. This was my first trial of the snow neck-cloth, and it succeeded after a full trial of a great variety of gargles, &c. The last case was a young lady aged 15, and of a strong hemorrhagic diathesis, of which I knew nothing until after the operation. Nor was I informed of the bleeding, which had only come on after she had reached home, until she was already much exhausted. The snow neckerchief again promptly arrested the bleeding, and it did not return.

From this accident therefore the operator has little to fear; nor need he apprehend more danger when he cuts off two-thirds, or even *the whole* of the gland, than when he merely shaves it or halves it. I have repeatedly, as many witnesses can testify, removed the gland *entire*, and not more than one or two tablespoons full of blood have followed; while the most alarming bleedings which have occurred were from wounds which left a portion of the glands *in situ*. No good reason then can be assigned why the gland

should not be more fairly extirpated than has been usually recommended and practised.

Other accidents.—No other accidents are liable to follow a properly made operation. The inflammation is usually very slight, and seldom requires any treatment. In a week or ten days, the soreness is entirely gone.

Results.—If no good reason can be assigned why the gland should *not* be removed more fairly than is generally recommended, a sufficient reason can be assigned why *it ought* to be. When the whole or two-thirds of the gland is cut away, no more trouble is experienced from this source, but when one-half or one-third is removed, the balance does not generally disappear, and not unfrequently it again enlarges. This remark does not agree with the experience of some surgeons who have written upon this subject, and who, believing that if one-half or one-third is cut away the remainder will soon disappear, do not think it necessary to remove more than half at any time. But I have again and again seen cases in which the operation was thus imperfectly made, return to have them re-excised. Some of these have been my own cases, and in which I predicted at the time that the glands would be very likely to trouble them again. In no case, however, in which two-thirds has been removed, have the patients returned.

Neither the speech or the hearing are improved until after the lapse of months after the operation is made. I have never known the speech to be *injured* by the operation; the apprehensions which some have felt upon this score do not seem to me to be well founded.

Physical Condition of the Aborigines—with an account of their practice of medicine. By Edwin G. Meek, M. D., of Choctaw Agency, West of Arkansas.—To one actually conversant with the details of Indian customs and modes of life, it is singular how vague and incorrect are the notions of even citizens of the United States concerning the aboriginal inhabitants of this country.

Much that has been said on this subject, is about as worthy of belief, as the narratives of Captain Gulliver and Baron Munchausen. By many who profess to be admirers of nature and primitive simplicity, the Red Man has been cited to prove the inutility of the medical and surgical theory and practice of the whites, and to prove that beyond the employment of a few simple vegetable remedies, the Science of Medicine is rather a curse than a blessing to the human family.

At this age of the world it is scarcely necessary to meet such absurdities with even a formal denial; but perhaps the actual state of disease and the healing art among this simple people, might be a source of gratification to some of the numerous readers of your magazine.

There is one difficulty connected with this subject; many of the tribes have held more or less intercourse with the whites, and some

of their medical notions have been thereby somewhat modified. The writer purposes in this article, to give such facts only as have come to his knowledge, during a residence of more than two years amongst the Choctaws, west of the Mississippi.

The country inhabited by this tribe, lies between about 34° and 35° 40′ N. latitude, and between 18° and 20° longitude west of Washington, having the Arkansas river on the North, and the Red River on the South; the larger portion of the tribe being located near the latter stream. The climate is as salubrious as any other in the same latitude elsewhere; the winters are mild though variable, and the summers are not usually oppressively hot. The principal diseases are Pneumonia, Pleuritis, Intermittent and Bilious Remittent fever, Enteritis, and occasionally Scrofula. Gonorrhœa and Syphilis are of occasional occurrence, though not so frequent as amongst the other tribes. There is no reason to believe that venereal diseases were known to any of the tribes, before they had intercourse with Europeans, nor that they are generally disposed to licentiousness; such diseases are known among them by the very appropriate designation of ***Lu-ak*** (fire.)

The ***Ah-lek-che***, or Medicine Man, is generally a pretty shrewd, cunning character, and sometimes manages to obtain considerable influence with a certain class, although there is a large number who treat his pretensions with contempt; indeed it may be safely affirmed, that a majority of the nation prefer to receive the attention of a white physician, when one can be obtained. These conjurors have, of course, no correct knowledge of Anatomy, Physiology, or Pathology; they ascribe all diseases to the malignant influences of wizards, witches, and evil spirits, and occasionally point out an old man or woman to whom supernatural influence of this nature is attributed: of course, these unfortunate beings are the objects of hatred, and so bitter is the animosity entertained against them, that the Council has enacted a statute, making it a penal offence, punishable by severe whipping, to accuse one of witchcraft.

When the doctor is called to his patient, he commences operations by excluding all white men, and all who disbelieve in the efficacy of his incantations: he then commences a prodigious shaking of a gourd containing some dry beans, peas, pebbles, or something of that nature, accompanying the process with frantic howlings, and violent gesticulations, the object of which is to frighten away the evil spirit. Should there be violent local pain, as in Pleurisy, he sucks the affected part, and not unfrequently shows a piece of cane root, or something of the sort, which he professes to have extracted from the patient, and which he declares had been shot into the sufferer by a witch, thus causing the disease by which he was afflicted. In all acute affections the above is deemed the most efficacious mode of treatment; should it fail to produce the desired effect, the conjuror ingeniously excuses his want of success by averring that the witch or wizard who primarily induced the disease, is in the company, and by informal machinations reproduces the complaint as fast as he cures it. Keen and fiery are the glances that are then cast over the com-

pany by the friends of the patient—and wo to the toothless old man, or withered crone upon whom suspicion alights; in the excitement of the occasion the infuriated company would not hesitate for a moment to take the life of any one whom their judgment convicted of the nefarious practice of witchcraft; fortunately for such, the statute before mentioned maintains a salutary restraint on the tongue of the conjuror. In addition to such means, they use as adjuvants a few simple vegetable remedies, vapor baths made from cedar twigs, decoction of *Eupatorium Perfoliatum*, and divers things of the like nature. I have not been able to learn whether or not venesection was a common therapeutic agent amongst them prior to their communication with the whites; it is a means of cure to which the common Indians are very partial, though the conjurors view it with jealousy, deeming it rather an innovation upon their practice.

As may be inferred, inflammatory diseases, and especially those of the lungs and pleuræ, are very fatal amongst them: in fact these diseases are peculiary terrible, especially when they prevail epidemically: during the last winter, Typhoid Pneumonia prevailed extensively and was attended with frightful mortality. Singular as it may seem, to residents of a higher latitude, I have no hesitation in ascribing the frequency of pulmonary affections, in good part, to the mildness of the winter: there is seldom more than four or five days in succession of very cold weather, and the consequence is that the inhabitants do not take the precaution to protect themselves sufficiently against the vicissitudes of the season. There are, however, other causes to be taken into the account; not unfrequently the thermometer will indicate a variation of twenty degrees in two or three hours; in fact we have often a specimen of the four seasons in the course of twenty-four hours; to these great and sudden changes they take but little care to adapt their clothing, and the result is what might be reasonably anticipated. Another cause which may be mentioned as a prolific source of these affections, is the great exposure to which the Indians subject themselves, especially during a drunken frolic, when they will sometimes lie the entire night exposed to a rain or snow storm, with no other clothing than a shirt and leggins. There is no doubt that acute inflammatory affections are more amenable to proper treatment, amongst the Indians, than amongst the Whites; the former seem to bear depletion much better than the latter: the effect seems to follow more quickly the use of the remedy, and the impression is more decided and permanent.—This may be owing to the fact that their habits of life are more natural and simple than ours; whatever may be the cause there is no doubt of the fact. I regard it as well settled that a timely use of the lancet and Tartar Emetic will amongst them cure Sthenic Pneumonia, as that Quinine will check an Intermittent. Their fevers are generally easily managed, and are less fatal than the same diseases amongst us: in fact it is rarely that they die with an idiopathic fever. The great difficulty a physician has to encounter, is the want of judicious nursing and proper diet: being in this, as in other things, prac-

tical fatalists, they regard an attack of disease inevitable, and treat it with indifference.

In chronic complaints, the native physicians are, of course, even less successful than in acute diseases. Here the resources of their Materia Medica are totally inadequate to the expulsion of the evil spirit, or the counteraction of the wizard's spell. There is no authentic account that they ever had any knowledge of an oxide or any form of metallic remedies, and the grand arsenal of weapons which Chemistry has furnished the scientific physician, has never been opened to the use of the Red Man. In the treatment of Scrofula, Consumption, or any diseases that require skill in the selection, or judgment in the application of remedies, the Indian Doctor is totally in the dark, and unless the white man can relieve his sufferings, the poor invalid lingers on, looking hopefully to death as the termination of his sorrows.

Their Surgery, like their Medicine, is very rude and unskilful.—It has been asserted that they have remarkable success in the treatment of gunshot wounds, cuts and stabs; and so general is the belief, that the War Department in a set of queries propounded to those supposed to be familiar with Indian affairs, assumes the fact as established, and requests to know whether it is the "result of the particular mode of treatment, or the assiduity and care of the physicians."—Now, so far as my observation and experience go, there is no reason to believe that they possess any remarkable skill, or that their success is such as it has been sometimes represented to be. I have attended many who were badly wounded in their numerous drunken affrays, and have noticed many unseemly cicatrices, the results of former wounds, and such as any surgeon of reasonable pretensions would be ashamed to show as the consequences of his treatment of incised wounds. The native surgeons are totally unskilled in the use of stitches, sutures and adhesive plasters, so that a severe wound has no opportunity of healing by the first intention; neither have they the necessary art of properly applying a roller, that *sine qua non* of a surgeon's apparatus. In fact their treatment of such wounds amounts to nothing, or sometimes worse; and the success attributed to them belongs properly to nature alone. It is somewhat singular that although they use in their fights unsatisfactory looking butcher's knives, they rarely kill each other. If two white men were to fight with such weapons, the great probability is that one or both would be killed, but the Indian uses his knife to slash and hack, not usually aiming to stab. But one instance of a fatal injury being inflicted in this way has ever come to my notice; in that instance the knife had penetrated the lung. I did not see the patient until the third day after the wound was inflicted, and suppuration and effusion had then commenced: had proper treatment been instituted sufficiently early, the chances were that the man would have recovered. They do not often sever important arteries, and so little are they acquainted with anatomy, that such wounds are peculiarly dangerous, when the assistance of a competent surgeon cannot be secured. To the fact that

their wounds are not generally dangerous, is to be, in great part, imputed their skilful treatment. When a really dangerous wound is received, the result is usually fatal, unless better means of cure can be obtained than the Indian possesses. The same remark may be made in reference to gunshot wounds: their instruments for the extraction of a ball are rude and clumsy, and if the ball be difficult to come at, they fail to extract it. Their treatment of contusions, sprains, luxations and fractures, is more skilful than any other part of their surgical performances. Luxations and fractures frequently occur at their ball plays, (which are sports of the most violent character) and are generally reduced on the spot, and so well that deformity rarely, if ever, results; but the contrivances they use are clumsy and ill-formed. I have never known of their performing amputation in any case; and do not suppose they have the necessary knowledge and skill in the management of severed arteries, to say nothing of proper knives, tourniquets, adhesive plasters, lints and bandages.

With regard to surgical diseases their treatment is as well adapted to produce a cure, as that used for the inflammatory affections before mentioned. Ulcers are very frequently met with and are peculiarly obstinate: they result from the same causes that produce them elsewhere, filthiness, sequela of fever, insufficient or innutritious diet, improperly treated wounds, or a general cachectic condition of the system. The natives regard them as incurable; but a proper application of bandages and lotions will often produce a favorable result. Carbuncles, biles, abscesses, and other external inflammations, are generally allowed to run their course without interruption.

There are here various noxious reptiles and insects whose bite is poisonous; the large and the ground Rattlesnake, the Moccasin and Cotton-mouth snakes, the Scorpion, Centipede, and Tarantula. The bite of none of these is usually fatal, nor do I know that the natives possess any remedies that may be regarded as specifics in such cases. There is reason to believe that the noxious qualities of these *varmints* have been somewhat overrated, although they are in sober verity dangerous looking things, especially the Tarantula, concerning which the same notion exists that is recorded in Tweedie's Library, that its bite is curable by lively music. I once proposed to try the effect of this agent upon an Indian, but he very emphatically declined the risk; preferring a whole skin to a poisoned wound, with nothing but "Yankee Doodle," or "Old Dan Tucker" for Medicine. *Aqua Ammonia* would generally be efficacious in such cases, but like the before mentioned individual, I have never had sufficient curiosity to induce me to try the experiment upon myself.

Concerning Obstetrics amongst them, there is not much to be said. As a general thing, child-birth is not characterized by much risk or suffering: accidents and protracted labours are very rare. The treatment of the latter is rude and barbarous to the last degree: the attendants resort to kneading the abdomen with the fists, and this failing, they get on the patient with their knees and use great violence. This branch of the profession is left entirely to women, and the cases

are very rare in which a physician is resorted to. They use different postures in delivery, perhaps the sitting posture is as common as any other. It is perhaps not necessary to state the reasons why labours are so easy amongst them : every physician is familiar with the general influence of civilization upon the female constitution : I will, however, venture to suggest the general indifference to pain, and the stoicism of the Indians are partly attributable to a less delicately organized nervous system than the white races possess. Female diseases are not so common amongst them, as with the whites ; and owing to their diffidence in such matters, they do not often consult a physician in such cases.

The treatment of children is not such as is generally said to prevail among the Aborigines : the children are not bound to a board, but dressed after the custom of the whites. They do not receive proper care and attention, and the mortality amongst them is very great. Emigration and change of residence also prove very injurious to children. A great proportion of the deaths amongst those who have migrated from the East bank of the Mississippi, to their new homes in the West, has been amongst the children ; next to these the aged suffered most.

Comparisons have often been instituted between the white andred races, with reference to their comparative longevity, capacity for sustaining fatigue, muscular strength, &c., and here again the white skin has usually the advantage. The Indians very rarely attain a great age ; even those who possess originally good constitutions, and live peaceful, quiet lives. It would seem to be a law of nature, that the mental, equally with the bodily organization, needs a due degree of exercise, and this law the Indian habitually transgresses. Their mental faculties are employed only at irregular intervals, and then the feelings more than the intellect: there is not that steady, equable excitement which civilization affords to our race. The Indian's intellect becomes torpid, and there can be no doubt that his indolence shortens his days. The average duration of a generation with them is less than with us. From the best data I have been able to obtain, the average length of their term of life does not exceed seventeen years at the farthest. In the year 1837,a party of five hundred Choctaws volunteered to go to Florida to fight the Seminoles : they were not however mustered into service : these men were either young or in the prime of life ; and in looking over their muster roll, it is ascertained that more than half of them are now dead. When we add that there is a smaller proportion of births among them than with us, we cannot wonder that they are fast fading away from the earth, and that before long they will be reckoned amongst the nations that have gone forever. A melancholy chapter might be written on the agency of civilization in producing this state of affairs, but this is not the place for such a discussion.

Their muscular strength and capacity of bodily endurance, like many other things with them, are matters of impulse ; but when it comes to steady endurance for a length of time, they are found want-

ing. It would be unreasonable to suppose, that with their habits of life, they would be equal in this particular to a laboring white man. They will sustain for a short time the most violent efforts, in the chase or at a ball play, for which they compensate by days of indolence and inactivity. So the wild tribes of the prairies will exist for days upon parched corn, and at the end of their fast will devour ten pounds of meat in a day: this may startle some of your readers, but the records of the War Office will tell you it is no exaggeration.

It has been said that an Indian never commits suicide: this is a mistake: I have known instances of it amongst the Choctaws, and once at least where no cause was known for it. If insanity occurs amongst them, I have never seen or heard of it.

I have thus in a desultory form thrown together such matters as came first concerning the physical condition of this interesting people: if your readers be thereby gratified, the writer will be amply repaid; if not, he will have the satisfaction of knowing that he is not the first who has turned blank paper to profitless uses.—*Illinois and Indiana Medical and Surgical Journal.*

Homœopathy and Hydropathy out-done by the Te-to-tum Doctor of Arkansas.—An intelligent friend from the South informs us that there is in Arkansas a Doctor who practices medicine upon an entirely new system—called the *te-to-tum system.* He employs an instrument, with eight sides, similar to the toy used by children and known as the te-to-tum, only larger in size and differently lettered. On each side of the octagon is a letter of the alphabet, designed to represent a certain thing—as, for example, V. for vomit, G. for glister, P. for purge, C. for calomel, &c., &c. Whenever this worthy is called to see a patient, he takes with him this wonder-working instrument, and without examining either the pulse or the tongue, or asking any questions, proceeds to spin it, as one would a te-to-tum, and administers according to its revelations. Thus, if V. is turned up, he forthwith declares that an emetic is indispensable; if C. that calomel must be given, and so on.

The success which has attended this new plan of practice, we are told, is astonishing, and the popularity of its author, unbounded; so much so, as to cast homœopathy, hydropathy, and Eclectic-Thompsonianism, completely in the shade. This is something new and original in the way of quackery, and we see no reason why it should not have its day, as it is quite as philosophical as many other systems now in vogue. But if we might be permitted to make a suggestion to the lucky discoverer, whoever he may be, we would say that he might, perhaps, improve his plan by substituting some Egyptian, Chinese, or Arabian hieroglyphics for the plain English characters, which every one understands, as the "*enlightened public*" always yield their faith to a system in proportion as it is dark and mysterious, and to them incomprehensible.—*St. Louis Medical and Surgical Journal.*

The nature and treatment of Sea Sickness. By F. Willis Fisher, M. D.—If we were to judge of a disease from the painful sensations that it causes, rather than from the danger it involves, we should be forced to class sea sickness in the rank of the scourges of humanity. This affection kills no one, but causes those affected by it to suffer severely. Many marine officers have been compelled to give up the life they had chosen, because the habit of navigation could not relieve them from the occurrence of nausea every time the sea became rough and agitated. Some persons have renounced revisiting their country and their families, sooner than expose themselves again to what they suffered from sea sickness on their first voyage. Every scholar knows that Cicero preferred giving his head to the assassins of the triumviri, rather than remain a few moments longer a prey to the pain of sea sickness on the vessel which bore him far from the shores occupied by his enemies. A morbid state, capable of imposing the sacrifice of all that man holds most dear, the sacrifice of ambition, that of the natural affections, and even of life, surely merits the attention of the physician. Upon the nature of sea sickness, and the rational means to employ with the view to avoid and combat it, nothing positive is as yet known ; a proof of which lies in the diversity of opinions on this subject. We do not think that the true theory of it has as yet been given.

Nearly all writers have considered the affection in a reverse sense of what is really the case :—for example, in attributing sea sickness to a sanguineous congestion of the brain ; or, assigning it a cause in fact incapable of producing it, in referring it to shocks or agitations that are communicated to the intestines by the motion of the vessel. To form an estimate of these two opinions, the experience and theory of M. Pellarin during his service as marine surgeon, seem deserving of attention, as approaching nearer the true cause and theory of this disagreeable affection. The invasion of sea sickness, far from being accompained by the ordinary symptoms of congestion, a flushed countenance, vascular turgescence, full pulse, sensation of heat and tension in the cranium, throbbing of the temporal arteries, the eyes brilliant and injected, &c., is rather characterized by the opposite state—a paleness of the face and hands, a retreat of the blood from the surface, a depressed pulse, general hyposthemia, a dull, glassy eye when the affection is at its highest point. M. Pellarin has never observed any of the accidents of cerebral hyperemia in individuals affected by sea sickness. If during great efforts of vomiting, the blood flows to the head for the moment and colours the face, it is only the instantaneous result of these efforts ; the paleness soon reappears, with all the other characters of the anæmic state, just as it happens when one is under the influence of tartar emetic, taken in such a dose as to produce vomiting.

Another consideration, which ought still more to remove the idea of the sanguineous cerebral congestion, is that one suffers less when lying down, than when standing ; and less still, if instead remaining simply in a horizontal position, he has his head lower than the rest of the body.

As to the explanation which would make this affection to depend upon the shocks impressed upon the intestinal mass, this resists examination no better than the first. The trotting of a horse shakes the bowels much more than the pitching and rolling motion of a vessel, yet it never causes anything that resembles sea sickness. Sickness from riding in a carriage is of the same nature as the last; it is like the disagreeable sensations caused to some persons by swinging. This sickness is sooner felt in a carriage suspended with springs, than in a hard jolting cart, which shakes the organs much more than an easy carriage. One may make upon himself the experiment of the mechanical shock impressed on the intestinal mass, by agitating the floating portion of the abdominal viscera with his hands, by giving them successive impulsions, either from below upwards, or in any other direction, and he can never cause by these manœuvres anything analogous to sea sickness. Compression, a kind of kneading of the stomach when distended by food, may sometimes cause the expulsion of a portion of its contents, but it does not resemble that strange uneasiness and profound prostration which characterize sea sickness.

The other explanations ordinarily given for sea sickness—such as the sanguineous congestion of the brain, the shaking of the abdominal viscera; that this affection has a cause altogether nervous, depending principally upon the nerves that excite the epigastric and abdominal viscera, &c., throw no light upon the question.

M. Jobard, of Brussels, without doubt, has reason in saying that the essential cause of sea sickness is purely mechanical. However, he goes too far when he adds that the odour of the vessel does not the least contribute to excite it. Although this state of uneasiness may be caused by the movements of the vessel, yet it is not less true, that whatever excites repugnance, the odour of the tarry materials, the emanations that come from the hold and other low parts of the vessel, the sight of persons vomiting, all these impressions second the nauseous influence of the mechanical cause of sea sickness, and tend to produce it, from sympathy. Moreover, the proofs that sea sickness depends essentially upon the motions of rolling and pitching, are so evident that it is not worth the trouble to cite them. The nausea arises under the influence of these movements, and is generally proportioned to their extent and quickness. It is felt less in the centre of the ship, near the foot of the mainmast, because the double motion is less there than at the edge, especially at the extremities where the pitching is most considerable. In a hammock or frame suspended so as to have as little friction as possible, which rests always in the direction of the perpendicular, and consequently not subject to the different inclinations of the vessel, one nearly escapes being sick. The production of vertigo and nausea which precedes the vomiting, may in part be imputed to the impressions resulting from the sight of objects which appear to rise and fall alternately in relation with the vessel. Regarding the horizon continually oscillating and moving, or the steerage of the vessel, or the water that seems to fly

along its sides, is sometimes sufficient to determine the crisis of sea sickness. From this follows the opinion that it is especially by the eyes that sea sickness effects the economy. Nevertheless, as some have pretended, the visual impression is not the essential cause of the nausea, for it is equally experienced in the obscurity of night and by blind persons.

M. Pellarin has not remarked so striking a difference as M. Jobard, and many others, between the influences of rising and falling, and he affirms that when one is forward, the crisis of the nausea takes place at the moment this extremity rises. Whatsoever it may be, M. P. is disposed to admit what a marine officer recently told him. It is in the rising motion or ascension that the nausea commences, but it is in that of descending that the nausea is exasperated and acquires all its intensity. The following is the theory of M. Pellarin. Sea sickness ought to be attributed to the trouble caused in the circulation of the blood by the alternate movements of inclination that the ship undergoes; either lateral, rolling; or antero-posterior, pitching. This trouble has for a result, not to congest the brain, as Wollaston pretends, but, on the contrary, to deprive it of a sufficient quantity of blood for the normal stimulation of the nervous centre. That which is experienced in sea sickness is in fact analogous to what often happens in arresting the flow of blood in persons who are bled while sitting or standing, and who at the time they faint are taken with a disposition to vomit and really do vomit. M. P. does not deny that by reason of the general diminution of the circulation there may be a stagnation of the venous blood in the cerebral sinuses, but it is especially in the want of a sufficient excitation of the nervous centres by the arterial blood that the primordial phenomenon of sea sickness seems to consist. Observe a person seized by sea sickness; his face becomes pale, his extremities cold, his nails turn blue as at the debut of intermittent fever. What he experiences resembles much the effects produced by the smoking of the pipe or the segar, on persons who are not accustomed to smoke. The pulse becomes small, and there is an extreme prostration of the intellectual and physical faculties. There is a hyposthenic influence in both cases, by the narcotic action of the tobacco in one case; by the diminution of the circulatory force of the blood in the other. What individuals best resist sea sickness? Very young children, those who are at the breast, in whom the heart is relatively more voluminous, and the circulation more active than in adults, are not sensibly incommoded by the affection. Without being wholly exempt, animals experience it less than men, because with them the brain is nearly in the same horizontal plane as the heart, and it is not rare to see the poultry in their first voyage, present nearly all the signs of this affection, almost to vomiting when the sea is rough. Among the adult passengers, those who take the least exercise, and who go on deck in the breeze the least, remain the longest under the influence of sea sickness. And among persons equally habituated to sea life, those who by their functions or rank have the least corporeal activity, are more

liable to return of nausea than the common sailor who works the vessel, who mounts the masts and yards, and is exposed to more tedious movements than those on deck. Dulness of spirits and lassitude, a cold drizzling rain that cools the skin, and diminishes the circulation, are predisposing causes. Towards the close of sea sickness, when the nausea and vomiting begin to leave some respite, one is inclined to somnolence, as after hemorrhages. Is it not by a sedation of the same kind that infants are quieted and put to sleep by rocking them? In fine, M. P. concludes that whatever raises the force and accelerates the rhythm of the circulation, prevents or diminishes the liability to this affection. Strong and frequent respirations act thus, according to the testimony of M. Arago, who warded off sea sickness until the fatigue of the respiratory muscles obliged him to renounce this prophylactic means. M. Jobard and many others have recommended a girdle which compresses the abdomen at the base of the chest. This in truth alleviates, but not because it confines the intestines, but because, it contributes to push the blood towards the brain. It acts in the same manner as a person lying down with the the head low, a position that is sufficient to dissipate the nausea of persons affected by syncope, or that after bloodletting, which state presents a striking analogy to sea sickness. Moreover, a proof that compression of the chest and abdomen is not a sovereign remedy, is, that corsets do not prevent women from being affected by it. In these two comparative states (hypothymic nausea, after bloodletting, and maritime nausea,) the impression of a sharp breeze is equally favourable, and the first symptoms have been sometimes overcome by going on deck, and receiving the direct action of a brisk current of air. To verify the theory of M. Pellarin, if those who are placed in circumstances that cause sea sickness should have large cuppings from the lower limbs, they would experience the first attacks sooner, as in this case there would be two concurring causes to deprive the brain of the normal afflux of blood that it ordinarily received. Another mode of verification that M. P. has not employed, is auscultation applied to the large vessels of the neck; we are inclined to think that the *bruit de soufflet* ought to be heard in individuals who are affected by sea sickness, as well as with chlorosis.

M. P. recognizes an analogy between the nausea produced by the motions of a vessel, and the nausea and vomiting of women during the first months of pregnancy; that is, at an epoch when the womb becomes the centre of a sanguineous afflux, and consequently diverts from the brain a portion of the vivifying liquid it received. Many women have declared that nothing resembled more the nausea of the comencement of their pregnancy than that they experienced the first few days at sea. Another circumstance which strengthens this theory is, that generally pregnant women are rarely taken with vomiting while they remain in bed, and, on the contrary, often so taken, when they change the horizontal to an upright position. Why are women more nervous? why have they odd tastes and irresistible

desires, during the period of pregnancy? Is it not because the nervous system is at this time less supplied with blood, and that the blood, as every one knows, is the moderator of the nerves. A similar cause produces the greatest susceptibility among women during the menstrual period. To cite an example—a lady, who had never been sea sick during many voyages, experienced it severely in crossing the English Channel when she had one of her periodic evacuations.

To resume the conclusions. First, the sickness produced by the sea, by riding in carriages, by swinging, are all phenomena of the same nature, determined essentially by the influence exercised on the circulatory march of the blood in the movements that the body undergoes under these different circumstances. Second, this influence has its principal affect in diminishing the ascending force of the excitory liquid in the aorta and the arteries branching from it; from this results a hyposthenic state of the brain by anemia or hypohemia. Third, the insufficient excitation of the cerebral organs determines, by sympathy, spasmodic contractions of the diaphragm, vomitings—which have a particular tendency to reconvey the blood which is wanting towards the nervous centre. These efforts are a crisis which takes place in a conservative end. They manifest themselves not only in sea sickness, but in many other circumstances where the brain becomes suddenly deprived of its normal supply of blood; for example, in persons not affected by phlegmasia who are bled.

Treatment.—There are two orders of means to be employed. The first consists in removing one's self as much as possible from the cause, i. e., from the motions of the vessel, in remaining in a recumbent position, in a hammock suspended without sensible friction at its points of attachment. The second has for an end to combat the effects of the cause on the organism. It acts especially to this end in stimulating the circulatory function by all the agents susceptible of increasing its energy. Thus, a tonic regimen, active corporeal exercise for some days previous to embarkation. At sea, if the weather permits, one ought to keep on deck, in the breeze, make large inspirations, walk quickly and until he perspires or is fatigued; or, better still, to engage in some hard exercise, even with the sailors in working the vessel. Hard work, that which requires great muscular effort, is the surest prophylactic against sea sickness. The girdle has also its advantages in contributing to force the blood towards the head, and perhaps in seconding the contractile force of the heart. Before the manifestation of the nausea, warm and exciting drinks are favourable. Thus coffee, tea with the addition of a little brandy, may give a greater disposition to resist it, in stimulating the circulation and maintaining a diaphoretic state of the skin. Among the medicines, those which have an analogous effect on the economy may be administered with advantage, such as opium, saffron, acetate of ammonia, &c. When the sickness is declared, recourse is only to he had in the palliatives; lemons, exciting aromatics, relieve some persons; also the horizontal position, especially with the head low,

in a hammock or bed suspended like a compass. But if one wishes to shorten the duration of the nauseous influence of the sea and diminish the tribute he must pay to a nautical acclimation, he must struggle with all his energy against the tendency to inaction.

Therapeutic employment of sea sickness.—A cause which determines in the economy so great a commotion as sea sickness, without leaving any unhappy consequences, as a therapeutic agent, merits more attention than has been given it. M. Pellarin thinks that it may be possible to obtain from it valuable results in many acute and chronic affections. This observation was familiar to the ancients. We read in Pliny, "Vomitings, produced by the motion of a vessel, act as a salutary remedy in many diseases of the head, eyes, chest, and in all affections for which hellebore is given." In more modern times, Esquirol and Blanche have judiciously advised its employment in cases of recent mania. But in the few attempts that have been made, there has happened, what might have been easily foreseen, from the true theory of maritime nausea, that the maniacs, highly excited, have not been affected by sea sickness, whilst the physicians who accompanied them have been a prey to it during the whole voyage. From the knowledge already acquired of the nature and etiology of sea sickness, there seems nothing in the way to second, to aggravate voluntarily its influence in a curative end. Even an apparatus might be made to produce all the effects of rolling and pitching, without the necessity of a sea voyage. By reason of the powerful sedative and hyposthenic influence of sea sickness, may we not draw from its employment the greatest advantages, not only in acute cerebral affections, but also in certain pneumonias, pleurisies, and, finally, in a great number of inflammatory diseases?—*Boston Med. and Surg. Journ.*

Lecture on Blennorrhagia. By M. Ricord. Delivered in the Summer of 1847, at the Hospital du Midi, Paris.

Continuation of the Causes of Blennorrhagia; Symptoms; Progress; Duration; Complications; Diagnosis; Prognosis; Prophylaxis.—Sexual intercourse is no doubt the most ordinary mode of transmission in blennorrhagia. In the coïtus we find all the conditions necessary to its developement. It is, however, not indispensable that the tissues should be in a state of sexual excitement for contagion to take place, for it is sufficient that the secretion of one inflamed mucous membrane be deposited on another, to allow this secretion to produce in it an inflammation entirely similar. It is well known that the muco-purulent matter secreted by the urethra, placed on the mucous membrane of the eye, will occasion a blennorrhagic ophthalmia. Another mode of transmission has also been mentioned, but the possibility of it is at present no longer credited. I allude to the story of a jealous husband, who, in order to punish his wife, had contrived to contract blennorrhagia, and attempted to communicate it to his faithless partner, by making her swallow milk in which

muco-purulent matter obtained from his own person, had been mixed. We can hardly believe that this muco-purulent matter could, after being absorbed, have been carried, by the circulation, to the genital organs of the woman, there to develope blennorrhagia; no one ever thought of finding out whether the lover who had excited the husband's jealousy might not have been, long before the administration of the treacherous milk, in a state favourable to the transmission of blennorrhagia.

Be this as it may, there are cases mentioned of individuals who accidentally swallowed liquids containing blennorrhagic muco-purulent matter, and who felt no inconvenience therefrom. Hunter, on the contrary, gives one of a child, who, under these circumstances, experienced no ill effects. Indeed, it is extremely difficult to understand how blennorrhagic matter, supposing it even to be admitted, unmixed, into the stomach, could be conveyed to the genital organs by the torrent of the circulation.

Those who have attempted to prove that blennorrhagia is a virulent disease, have brought forward incubation as an argument. Examples of it have been quoted, ranging from twenty-four hours to fifty-two days. But, I may ask, have the patients been closely watched from the first to the fifty second day? Did any one take the trouble of ascertaining in what state those patients were when the disease broke out? No answers are given to these queries, and I conclude, therefore, that such cases are of no value. If I may trespass for a little upon general pathology, I would ask, whether we do not almost constantly notice a certain lapse of time between the application of a cause and its effects, during which time, the symptoms are in some degree concealed? Is there no bronchitis, except when the mucous expectoration is completely established? And yet most medical men will acknowledge the existence of blennorrhagia only when they see a purulent discharge; but what they overlook is, that the disease, before this discharge took place, had passed through a peculiar stage, which I shall describe hereafter.

I admit incubation neither for blennorrhagia nor chancre. With some, the accidents gradually and insensibly arise from the first day, and reach the inflammatory stage after the expiration of five or six. Then the discharge is abundant enough to excite the attention of the patient, or of his medical attendant, and both date the onset of the disease from that moment. With others, the discharge appears the very next day after improper intercourse; but the inflammation mostly takes from one to five days to reach its complete development.—The discharge generally appears on the sixth day.

Symptoms of Urethral Blennorrhagia considered generally.—The beginning of this disease is often marked by an exaltation in the functions of the organ, by an exaggeration of its normal sensibility, vitality, and secretion; in a more advanced stage, pain comes on, the secretion disappears, and the surface of the mucous membrane becomes dry; but this state of dryness is soon replaced by a morbid secretion. The affected parts are first moistened by a transparent

mucus; a little later, a certain proportion of pus appears, when muco-purulent matter is formed; lastly, pus alone is secreted. The colour is at first a whitish pale; it becomes afterwards straw-colored, or of a darker yellow. When the secretion is very abundant, and contains a few blood-globules, it becomes greenish; and the more the globules increase, the more rusty the green colour will turn. When the pus increases greatly, it assumes a sanious appearance; it may even become sero-sanguineous; but, as a general rule, it may be said that the colour of the secretion varies in proportion to the quantity and quality of the pus. It is important to be acquainted with these different shades, for the knowledge of them may be very useful in diagnosis. I do not mean to say, however, that the green colour is characteristic of virulent blennorrhagia; and I may here mention a case of red blennorrhagia, quoted in an article of the "Dictionnaire de Médecine:" the author of which thinks the red colour was owing to the fact of the disease having been caught from a woman just menstruating. Richerand also thought that virulent blennorrhagia secreted a copper-coloured pus. Some surgeons lay a great stress on the smell of the secretion, and they fancy they can, by means of this character, distinguish a virulent from a simple blennorrhagia. It is true that the genital organs often exhale a shocking smell, which Morgagni very justly compared to the odour emanating from decayed codfish; but this smell has nothing to do with the morbid secretion; it arises solely from uncleanliness in the part, particularly in very fat people.

Progress of blennorrhagia considered in general.—We very seldom notice any premonitory symptoms of the disease, such as febrile excitement, or functional disturbance; the inflammation afterwards runs through all its stages to reach a complete cure, or rather, to pass into a chronic state, as we notice in most cases. So, then, we have in the acute form very little tendency to a satisfactory termination, and a very marked one to the chronic state; such are the characters of the usual progress of blennorrhagia. The cure is the more difficult to accomplish, the more concealed the affected parts happen to be;—urethritis, for instance, is more difficult of cure than balano-posthitis. The nature of the functions of the diseased parts contributes very much likewise to retard the cure. Thus we know that the passage of the urine retards the cure of urethritis. Blennorrhagia may begin by the chronic state, and so continue; on the other hand, it sometimes passes from a chronic to an acute state. It may, in general, be said that the acute form is in an inverse ratio to the number of times one individual has been affected with blennorrhagia; the oftener he has had it, the less marked is the acute form. When the disease begins to decline, the secretion alters in character; from being purulent it becomes muco-purulent; then mucous, with a few globules of pus;—but this pus is no longer intimately mixed up with the mucus, as it generally is when the disease is on the increase, but is merely suspended in it, and isolated in a few dots, as it were. The stains on

the linen are greyish, with a black dot in the centre. With some people the secretion is very like the leucorrhœal secretion.

Duration.—The usual duration of blennorrhagia is from six to eight weeks; but this law is not an absolute one. There are, to my knowledge, blennorrhagias which, having been caught at the peace of Amiens in 1800, were still going on in 1840.

Structural alterations.—As soon as blennorrhagia affects a mucous membrane, it produces alterations in the textures which may be more or less obvious. At first it is a simple effusion followed by alterations in the form, calibre, and capacity of the canal lined by this mucous membrane; plastic changes then take place, and these produce inflammatory congestion, thickening, and hypertrophy of the tissues.

The inflamed parts may become eroded, and these erosions are often followed by real ulcerations. The cicatrix which forms on the ulcers will, of course, produce alterations of form, capacity, consistence, &c., in the parietes of the canal. The granulations may, when they assume a vegetative form, give rise to obstructions. If the congestion persists, it soon degenerates into a hard hypertrophy; or else, if the plastic lymph which forms it is re-absorbed, the parts become contracted, the cells which contained the plastic matter disappear, the mucous membrane becomes atrophied, thinned, and the result is at last a stricture.

The laws I have just enumerated are those which prevail in general pathology, and we, in fact, see that the inflammations which attack the genito-urinary mucous membrane, have the same consequences as those which affect other mucous membranes.

Some of these consequences have been looked upon as impossible by very good authorities. Hunter, for instance, denies the existence of ulcerations, but he gives only the post-mortem examination of two executed culprits to support his opinion; it will be quite sufficient for me to state that I have often met with these ulcerations, both in living and in dead subjects. The alterations of tissue which take place in consequence of blennorrhagia, may, in their turn, be the cause of the continuance of certain symptoms, and be the origin of more or less grave accidents. The ulcerations, for example, keep up a purulent discharge. The urine pent up behind strictures assumes irritant properties, and finally produces great alterations in the mucous membrane on which it lies, so as in turn to excite in it an inflammation, followed by a mucous and muco-purulent secretion.

Accidents which may complicate Blennorrhagia.—Some of these accidents are inherent to each species of blennorrhagia; I shall mention them in the description of these individual species; others are common to all varieties. Let us now review them:—

1. There is the inflammation of the neighbouring lymphatic vessels and glands. Whatever the seat of blennorrhagia may be, the lymphatics, and after them the glands, may become affected. But these accidents are as frequent in chancre, or in the blennorrhagia symptomatic of chancre, as they are rare in simple blennorrhagia. When they *do* occur in the latter affection, they are simply of an inflamma-

tory character, and easily controlled; the pus which they yield, in the rare cases where suppuration takes place, is not inoculable.

2. Blennorrhagia is very often complicated with abscesses more or less circumscribed, and these are generally situated externally to the mucous membrane, and are never inoculable.

3. Sanguineous exhalation, or hæmorrhage consequent upon a rupture of the urethra.

4. Blennorrhagic ophthalmia: this complication has wrongly been imputed to metastasis, or repercussion.

5. Blennorrhagic arthritis, which has just as erroneously been attributed to these causes.

Differential Diagnosis considered in general.—Blennorrhagia does not acknowledge any especial cause, or one which might beforehand be determined; and it is impossible to trace its source by the assistance of symptomatology alone. You see, then, that there is no *virulent* blennorrhagia, save that which is produced by an urethral chancre. And this is the place for unfolding before you the elements of the differential diagnosis, and giving you the means of distinguishing the urethral chancre, first from simple blennorrhagia, and secondly from the discharge symptomatic of secondary accidents.

1. In the diagnosis of chancre we have to consider two orders of symptoms—the one leading to a rational diagnosis of chancre, the other to an absolute one.

Elements of the Rational Diagnosis.—The pus is rather of a serous than of a mucous character; it is thin, loaded with organic detritus, rusty, and sanguineous; there is a fixed point where pain, thickening, and a circumscribed induration, exist; the glands of the groin are often enlarged. If the source of the disease be attempted to be traced, these signs will lead to the discovery of a chancre; there is, however, still but a probability of it.

Absolute Diagnosis.—The absolute diagnosis is derived from the inspection of the textures, and from inoculation; this latter is an incontestible and uniform proof. The results of inoculation are always positive in the first seven days of the disease, provided it be carefully practised; if the result be then positive, you may be sure that there you have concealed chancre to deal with; if the result be negative, you have to contend merely against a simple, non-virulent discharge. *After* the first seven days, reliance must be placed in inoculation only when the results are positive; but if they are negative, you must not at once conclude that there is no chancre, for in this case the ulcer may have passed the specific stage, and be no longer inoculable.

2. If the blennorrhagia is symptomatic of secondary symptoms, then inoculation gives no results; the only thing to be done is to distinguish it from simple blennorrhagia: herein the diagnosis is very much assisted by the precedents, the coëxistence of other accidents of a secondary nature, and the treatment.

3. In simple blennorrhagia, the only diagnosis to be made is to distinguish between the greater or lesser degree of inflammation, to

ascertain the accidents which may complicate it, and the different parts which may be affected.

Prognosis considered in general.—The prognosis of blennorrhagia depends on its intensity and its duration; it will also depend on the seat of the disease. We know, for instance, that blennorrhagia will last longer in proportion as the mucous membrane affected is more deeply seated, and thereby rendered more difficult of being exposed. The more an individual has had attacks of blennorrhagia, the more easily will the disease be contracted, and the more difficult it will be to cure it; but the symptoms will always diminish in intensity. The prognosis must vary according to the different species of blennorrhagia.

Treatment considered in general.—There is a means which morality condemns, which religion forbids, but which philosophy and hygiene may allow,—I might almost say advise;—there are cases, indeed, when sexual intercourse may be imperative, and yet at the same time there may be the danger of giving or contracting blennorrhagia; here prophylactic means must be had recourse to. *Mediate* coïtus, the male organ being artificially protected by a pellicle, may, indeed, have real advantages during the existence of blennorrhagia. I hardly dare to mention the hygienic means proposed by M. Pigeaux—I mean, masturbation. The mediate coïtus, however, is not always effective as regards preservation from disease; and Madame de Staël was right in saying, when speaking of this means, "It is a breastplate against pleasure, and a cobweb against danger."

Hygiene.—Mucous membranes should not be left too long in contact; repetitions and prolongation in the coïtus must be avoided, particularly when there are doubts. It is advisable to wash the parts which are suspected to be impregnated, either with astringents, the urine, or other liquids. On the male side the act ought to be complete and rapid. As the ejaculation carries off any virus that might lie in the urethra, it is a very good cleansing means, as far as this canal is concerned.

So, then, to resume—protection of the organ, complete and rapid coïtus, performed egotistically, ejaculation, micturition, repeated lotions, such are the elements of the prophylactic treatment. After the coïtus, the predisposing causes which have been mentioned should be avoided, particularly beer, asparagus, baths, &c.—*London Lancet.*

Death instantly following a blow on the mouth. By Hayes Kyd, Esq., M. R. C. S. E., L. S. A., Harefield.—In communicating the following case, I am influenced by a desire, not to impart, but to elicit information from the practical columns of The Lancet; and although the subject may not possess the claim of novelty, yet I trust it may be regarded as involving considerations of interest and importance to my professional brethren. The case is one of instantaneous death—the result of a blow received on the mouth during a pugilistic encounter. The principals were two athletic

young boatmen,(James Carpenter and William Norman,) in the prime of life, and of equal age,—viz., twenty-two years. The fatal conflict occurred at Harefield Lock, on the Grand Junction Canal. Six rounds were rapidly fought in a fair, manly style, without any decisive result, both parties being fresh, and apparently but slightly injured. The contest was now adjourned, by mutual consent, to an adjoining meadow, as being a more commodious and secluded spot for deciding their differences. Here hostilities were speedily renewed, and seven more rounds had been fought. In the seventh, Carpenter struck Norman violently on the mouth. The latter instantly fell, and ere his brother could rush but a few yards to his assistance, had expired. Seventy-two hours after death, I examined the body, by the coroner's order, and observed the following appearances:—

Sectio cadaveris.—Body muscular and well formed; the general appearance that of a healthy and athletic young man. Contusions of both eyes, nose, and mouth, especially about the upper lip; marks of much effusion of blood from the nose, and considerable discharge of blood from the same cavity, on moving the body; abrasions of the cuticle from over the right and left cheek-bones, nose, and chin, and slight abrasions on either side of the lower jaw; pupils slightly dilated; no external injuries perceptible on any other part of the body; the vessels of the scalp and external pericranium congested, particularly over the occipital and temporal regions. On removing the skull, the vessels of the brain were found much congested, the sulci of the convolutions being filled up through engorgement of the pia mater; and the lateral ventricles were found loaded with extravasated blood, from rupture of the choroid plexus. On removing the brain, the middle and posterior fossæ of the skull became instantly filled with blood, on division of the lateral and petrosal sinuses, showing extreme congestion of those venous reservoirs. No fracture of either table of the skull, nor any perceptible injury at its base; the lungs healthy, but engorged; heart healthy; right side loaded with venous blood.

The opinion I formed was, that death had resulted form a violent concussion of the brain, accompanied by compression, from extravasation of blood in the brain.

Small-Pox in the Sheep.—Attention has recently been directed to the occurrence of a cutaneous disease, of an acute and fatal character, occurring among sheep. Veterinarians call the affection variola—a designation sanctioned by the authority of some distinguished members of our own profession, to whom cases of the disease have been submitted. The affection has been proved by M. Simonds,—who has given, in the *Veterinary Record*, the earliest details of its appearance—to be of a highly infectious character. Its introduction into this country has been clearly traced to infection, derived from several lots of Spanish sheep, which had been imported here and sold in the usual manner. The necessity of endeavouring to arrest

the spread of so malfgnant a disease is a subject demanding the most active consideration. The symptoms are thus described by M. Simonds:—

"The animals in the first stage of the disease were extremely low in condition; a discharge from the nostrils, of a mucous character, was present; the breathing was quick and catching; the visible mucous membranes were inflamed, particularly the conjunctival lining of the eyelids, from which tears in increased quantities flowed; all food was refused; rumination had ceased; the ears were lopped; the head held low; and a disinclination was evinced to associate with each other, some standing and having a most dejected appearance, and others lying down. The pulse was considerably accelerated, and scarcely perceptible at the maxilla or leg, but at the heart it gave to the hand a jerking sensation; the skin was hot, red, and elevated in patches in the form of nodules, which approximated each other. The greater amount of the eruptions were on the inside of the arms and thighs and sides of the face, the labia of the female, and præputium of the male, those parts which are either nude or covered only with hair; yet, on separating the wool, the whole of the skin was seen to be similarly affected, although less intensely.

"In the second stage greater debility and emaciation existed: the discharge from the Schneiderian membrane was increased, viscid, and adherent to the alæ of the nostrils, impeding the respiration; the capillaries of the eyelids were in a highly congested state; the pulse was indistinct even at the heart; the ears and feet were cold, and the wool came off easily, showing the skin underneath to be inflamed; but the redness existed principally between the elevations; still no distinct areola was present. The summits of the nodules were blanched, arising from effusion of a very small quantity of serous fluid beneath the cuticle, which scarcely gave to it the character of a true vesicle. All the eruptions, however, had not taken on this charge.

"The third stage showed the vital power to be prostrated; the fever had become of a typhoid character, the discharge from the nostrils fœtid, and the other general symptoms much aggravated. The cuticle covering the majority of the nodules had assumed a brown colour, and pus here and there was formed on the margins of some of them, showing the ulcerative state to have commenced; in others, simple desquamation of the cuticle had begun to take place.

"In some extreme cases the ulceration had extended to the subcutaneous structure, and large unhealthy sores existed in several situations."

The treatment recommended appears to be of the ordinary routine character, and to have little influence over the progress of the disease. The importance of isolation, with the view of preventing the spread of the disease, is very properly insisted on.—*London Lancet.*

The system of Clinical Instruction in the Italian Schools.—"The hospitals generally are large, containing from one to three thousand beds, and there are four clinical wards for the male and female medical and surgical cases. Each of these is under the direction of a clinical professor, who takes his turn of duty for a year or session. The students are obliged to attend punctually at the morning and evening visits. Each patient is consigned to one of the students, who, before the visit, obtains from the patient or his friends, his name, country, condition, age, progress of the disease, stage of the disease, exciting causes, treatment that has been adopted, and present symptoms. This is all written upon paper ruled for the purpose, and when the professor or his assistant visits the patient, the student reads it, and explains the reason of his diagnosis. Afterwards, every morning and evening he registers the most important changes in symptoms and treatment. Before the patient leaves the hospital, the student reads his account of the case to the professor, and it is then deposited in the records of the clinical ward. If the patient dies, before the body is opened the student reads the history of the case, with the diagnosis and remarks of the professor; and then, other students examining the various organs, he writes an exact account of what is observed, and remarks upon the points in confirmation of, or in opposition to, the diagnosis made during life. If any student refuses to attend the patient consigned to him, or does not keep the history of the case, and consign it to the clinical archives, he is not admitted to scholastic examination; while assiduity and exactness are favourably considered at his examinations, and in the distribution of honours and profit."—*British and Foreign Medical Review.*

Pathology of Synchisis.—The Comptes Rendus contains an abstract of an interesting paper read before the Academy of Sciences of Paris, at the sèance of July 19th, by M. Bouisson, on that affection of the vitreous body known as synchisis.

It has long been desired to make out the real nature of this abnormal condition, and various hypotheses have been brought forward.

M. Bouisson had entertained the idea that the moveable and sparkling particles observed deep seated in the eye, in persons affected with this malady were not caused by loose floating particles of the hyaloid membrane, but constituted of free crystalline morsels in the thickness of the vitreous body, the membrane of which was destroyed.

Upon devoting himself to some researches on the composition of the vitreous humour, he recognized the existence of a fatty matter, in such a state of minute division that the transparency of the humour was not affected by it. After having filtered the vitreous humour of the eye of an ox, he evaporated it in a porcelain capsule, and treated the residue with sulphuric ether. The resulting matter was then collected in a watch-glass perfectly clean, and evaporated. During the process of evaporation, the ether deposited a fatty matter in a crystalline form. The same experiment upon a larger quantity of vitreous humour obtained from several oxen's eyes gave the same result, but more clearly. M. Bouisson has

also obtained this fatty matter, by treating the vitreous humour of the human eye in the same manner.

If these results be taken in connection with the observations which demonstrate that crystals of cholesterine have been found in the posterior chamber of eyes which have for a long time been struck with blindness, one will naturally be led to believe that in the normal condition a certain quantity of fatty matter is contained in the vitreous humour, which may be separated in a crystalline form by some peculiar pathological influence, and may acquire in this form that apparent mobility at the bottom of the eye which arrests our attention.

From these facts and considerations the nature of synchisis may be determined, for we have grounds to believe that this singular malady is due to the accidental deposition of the fatty matter of the vitreous humour in a crystalline form.

Synchisis, or synchesis, is described as a dissolved state of the vitreous body, in which the hyaloid membrane is either atrophied or destroyed; hence it is that the vitreous humour appears diffluent in form, and wanting in its natural consistence. Although this condition may result from inflammatory action, still it is more frequently met with in the eyes of the aged, as a natural decay or degeneration, and often in company with cataract—another instance of the failure of vital energy. Now, if the above observations of M. Bouisson be confirmed, synchisis will afford another instance of that very general abnormal condition,—fatty degeneration of the tissues—which has lately been so much studied and illustrated.

Synchisis, as a disease of old age, will be brought to coincide with other lesions of the aged, also marked by the abnormal production of fat from perverted nutrition—as, for instance, the degeneration and subsequent calcification of the arterial coats. And at the same time synchisis, considered as a result of inflammation, will agree, as to its pathological characters, with the consequences of inflammatory action in other organs, and in that self-same circumstance, viz., the unnatural development of fatty matter. In old age, we should ascribe the appearance of the crystals of fat in the vitreous humour, in an abnormal condition, to impaired nutrition, and consequent degeneration with atrophy; and again, we should especially anticipate the occurrence of atrophy when the synchisis is accompanied by cataract, whereby the function of the vitreous body is destroyed.—*Lancet.*

EDINBURGH OBSTETRICAL SOCIETY.

Expulsion of the entire ovum at the full time.—Dr. M. Barry read the following case: Mrs. M., aged 22, Dyer's Close, Cowgate, gave birth to her second child on the 2d of February, 1846. States that the last catamenia began and terminated at the end of the preceding April.

The medical attendant on arriving found the first stage of labour complete; the presenting parts being the nates and right foot, in a position corresponding to the third position of the head—i. e., with the sacrum of the child directed towards the right sacro-iliac synchondrosis of the mother. "Pains" returned every three or four minutes, and the passages

were not only well lubricated, but apparently very ample. With a breech presentation, however, it was not anticipated that the labour would be immediately at an end, and still less that it would be completed in the following remarkable manner.

The patient having expressed a wish to obey a call of nature, the medical attendant withdrew; but before many minutes had elapsed, he was urgently requested to return, and found the child not only born, but lying with the liquor amnii in its unruptured bag of membranes, and the placenta expelled along with it; the whole having been precipitated almost without a "pain" into the pôt de chambre. The membranes were ruptured without delay; after which a tap on the nates and the dashing of a few drops of cold water on the chest were found sufficient to establish the free respiration of the child.

The mother is a very little woman. Some flooding followed. Forty hours after the birth, the child weighed 5 lb. 3 oz. 3 drachms. When born it must have weighed more, for it had not received nourishment nearly equal in quantity to the evacuated meconium.

Various similar cases were mentioned by other members.

Cyst in the Uterus of a child three months old, with another cyst like a corpus luteum in one of the ovaries.—Dr. T. M. Lee showed to the Society the uterus and ovaries of a child that had died of an acute disease after a few hours' illness, and had previously exhibited no symptoms which indicated any derangement of the genito-urinary organs. It was during an examination of the body after death, that a vascular protuberance was discovered on one of the ovaries, similar to that which is observed when a corpus luteum is present. A section of this ovary disclosed a cyst corresponding to the bulge upon its surface, having a dense fibrous capsule, thinly coated with a yellow curdy matter, and containing serous fluid. Both the ovary and Fallopian tube of this side were much larger than those of the other side. When the vagina and the uterus were slit open, the lips of the os uteri appeared somewhat thicker and softer, and more pink in colour than usual; and a round cyst about the size of a small pea, and of a leaden hue, was found in the womb closely and organically attached to it, just below the opening of the larger Fallopian tube, by a fibrous base, the diameter of which was fully half of that of the cyst itself. This cyst which was filled with fluid blood, was also composed of dense fibrous tissue, and became quite white like the texture of the uterus when the blood contained in it was washed away.

Imperforate Anus.—Dr. Keiller communicated two very interesting cases of imperforate anus from Dr. Lyell, Dundee. In one of the cases Dr. L. had recourse to the measure usually adopted in order to establish a perineal outlet for the fœces. The operation of cutting down upon the gut was not followed by any permanent benefit, although performed thrice during a period of six weeks, about the end of which time, however, some fœculent matter was observed to pass with the urine per urethram, and in a few days afterwards the fœces totally ceased to be emitted by the artificial anus, which soon became obliterated. *The child*

continued quite well, passing its fæces by the urethra until it was exactly twelve months old, when convulsions and death supervened in consequence of a complete stoppage, both of urine and fœces having taken place from obstruction of the urethra. On dissection Dr. Lyell discovered that in operating, he had always cut into the urinary bladder, into which a small and imperfect gut was found to terminate, there being no regular rectum, sigmoid flexure, or descending colon present. The obstruction was found to have taken place in the prostatic portion of the urethra, which was completely filled with a substance resembling skins of raisins, coated with brown calcareous deposit. It was somewhat remarkable that during the ***first six weeks*** of this child's life its urine was passed in a *limpid* stream, without the slightest admixture of fœculent matter, which latter was, throughout that period, evacuated by the opening made by Dr. L. in the perineum, from which moreover no urine was ever observed to pass.

The second case was remarkable from the child having ***lived upwards of twelve weeks without any fœcal outlet but that of the mouth.*** Dr. Lyell was prevented from attempting the formation of an artificial anus in this case; a post-mortem examination proved, however, that no operation could have been successful, as the blind pouch of the gut was far beyond the reach of the knife. The anatomical peculiarity in this case consisted in the colon terminating in a large globular cul de sac, which was found floating loosely among the other intestines in the umbilical region. Dr. Keiller exhibited preparations from the above cases. Both were male children.

Varicose Tumour of the Labia during Labour.—Dr. Burns had seen several cases of enlarged varicose veins of the labia. In one instance they formed an immense tumour which burst shortly before the head passed, and caused a considerable loss of blood.

Dr. Simpson had met with the same several times. Some of the tumours were large; one only ruptured. The hæmorrhage being venous, is like venous hæmorrhage elsewhere, generally easily restrained by a little compression. If it is troublesome, the labour may be hastened by the forceps or otherwise. Dr. S. stated in proof of the very vascular character of the parts at the root of the labia externa, that three instances had occurred in Edinburgh during the last twenty years of death from cuts or stabs in the pudendal venous plexus. In all these three cases the persons inflicting the wound had been tried in our criminal courts for murder.—***Dub. Med. Press.***

Discovery of a New Anæsthetic Agent more efficient than Sulphuric Ether. By J. Y. Simpson, M. D., Professor of Midwifery in the University of Edinburgh, Physician-Accoucheur to her Majesty in Scotland, &c.—At the first winter meeting of the Medico-Chirurgical Society of Edinburgh, held on the 10th November last, I had an opportunity of directing the attention of the members to a new agent which I had been using for some time previously for the purpose of producing insensibility to pain in surgical and obstetric practice.

This new anæsthetic agent is chloroform, chloroformyle, or perchloride of formyle.* Its composition is expressed by the chemical formula C^2 H Cl^3. It can be procured by various processes, as by making milk of lime or an aqueous solution of caustic alkali act upon chloral; by distilling alcohol, pyroxilic spirit, or acetone with chloride of lime; by leading a stream of chlorine gas into a solution of caustic potass in spirit of wine, &c. The resulting chloroform obtained by these processes is a heavy, clear, transparent liquid, with a specific gravity as high as 1·480. It is not inflammable. It evaporates readily, and boils at 141°. It possesses an agreeable, fragrant, fruit-like odour, and a saccharine, pleasant taste.

As an inhaled anæsthetic agent, it possesses, I believe, all the advantages of sulphuric ether, without its principal disadvantages.

1. A greatly less quantity of chloroform than of ether is requisite to produce the anæsthetic effect, usually from a hundred to a hundred and twenty drops of chloroform being sufficient, and with some patients much less. I have seen a strong person rendered completely insensible by seven inspirations of thirty drops only of the liquid.

2. Its action is much more rapid and complete, and generally more persistent. I have almost always seen from ten to twenty inspirations suffice, sometimes fewer. Hence the time of the surgeon is saved; and that preliminary state of excitement which pertains to all narcotizing agents being curtailed, or, indeed, practically abolished, the patient has not the same degree of tendency to exhilaration and talking.

3. Most of those who know from previous experience the sensations produced by ether inhalation, and who have subsequently breathed the chloroform, have strongly declared the inhalation and influence of chloroform to be far more agreeable and pleasant than those of ether.

4. I believe that, considering the small quantity requisite as compared with ether, the use of chloroform will be less expensive than that of ether, more especially as there is every prospect that the means of forming it may be simplified and cheapened.

5. Its perfume is not unpleasant, but the reverse; and the odour of it does not remain for any length of time attached to the clothes of the attendant, or exhaling in a disagreeable form the lungs of the patient, as so generally happens with sulphuric ether.

6. Being required in much less quantity, it is much more portable and transmissible than sulphuric ether.

7. No special kind of inhaler or instrument is necessary for its exhibition. A little of the liquid diffused upon the interior of a hollow-shaped sponge, or a pocket handkerchief, or a piece of linen or paper, and held over the mouth and nostrils so as to be fully inhaled, generally suffices in about a minute or two to produce the desired effect.

I have had an opportunity of using chloroform with perfect success in

*In making a variety of experiments upon the inhalation of different volatile chemical liquids, I have, in addition to perchloride of formyle, breathed chloride of hydro-carbon, acetone, nitrate of oxide of ethyle, benzin, the vapour of iodoform, &c. I may probably take another opportunity of describing the results. It is, perhaps, worthy of remark, that, in performing his experiments upon inhalation, Sir Humphrey Davy confined his attention to the inspiration of gases, and does not seem to have breathed any volatile liquid.

several surgical operations (removal of tumours, of necrosed bone, partial amputation of the great toe,) and in tooth-drawing,* opening abscesses, for annulling the pain of dysmenorrhœa and of neuralgia; in two or three cases where I was using deep and otherwise very painful galvano-puncture for the treatment of ovarian dropsy; in removing a very large fibrous tumour from the posterior wall of the uterus by enucleation, &c.†

I have employed it also in obstetric practice with entire success. The lady to whom it was first exhibited during parturition had been previously delivered in the country by craniotomy, after a labour of three days' duration. In this, her second confinement, pains supervened a fortnight before the full time. Three hours and a half afrer they commenced, and ere the dilatation of the os uteri was completed, I placed her under the influence of the chloroform, by moistening, with half a teaspoonful of the liquid, a pocket-handkerchief rolled up in a funnel shape, and with the broad or open end of the funnel placed over her mouth and nostrils. In consequence of the evaporation of the fluid, it was once more renewed in about ten or twelve minutes. The child was expelled in about twenty-five minutes after the inhalation was begun. The mother subsequently remained longer soporose than commonly happens after ether. The squalling of the child did not, as usual, rouse her; and some minutes elapsed after the placenta was expelled, and after the child was removed by the nurse into another room, before the patient awoke. She then turned round, and observed to me that she had "enjoyed a very comfortable sleep, and, indeed, required it, as she was so tired,‡ but would now be more able for the work before her." I evaded entering into conversation with her, believing, as I do, that the most complete possible quietude forms one of the principal secrets for the successful employment of either ether or chloroform. In a little time she again remarked that she was afraid her "sleep had stopped the pains." Shortly afterwards her infant was brought in by the nurse from the adjoining room, and it was a matter of no small difficulty to convince the astonished mother that the labour was entirely over, and that the child presented to her was really her "own living baby."

* A young dentist, who has himself had two teeth extracted lately—one under the influence of ether, and the other under the influence of chloroform—writes me the following statement of the results:—"About six months ago I had an upper molar tooth extracted whilst under the influence of ether, by Mr. Imlach. The inhalation was continued for several minutes before I presented the usual appearance of complete etherization; the tooth was extracted, and, although I did not feel the least pain, yet I was conscious of the operation being performed, and was quite aware when the crash took place. Some days ago I required another molar extracted on account of toothache, and this operation was again performed by the same gentleman. I inhaled the vapour of chloroform, half a drachm being poured upon a handkerchief for that purpose, and held to my nose and mouth. Insensibility took place in a few seconds; but I was so completely *dead* this time that I was not in the very slightest degree aware of anything that took place. The subsequent stupifying effects of chloroform went off more rapidly than those of ether, and I was perfectly well and able for my work in a few minutes."

†I have now exhibited chloroform to about fifty individuals, and in not one has the slightest bad effect of any kind resulted.

‡In consequence of extreme anxiety at the unfortunate result of her previous confinement, she had slept little for none or one or two nights preceding the commencement of her present accouchement.

Perhaps I may be excused from adding that, since publishing on the subject of ether inhalation in midwifery, seven or eight months ago, and then for the first time directing the attention of the profession to its great use and importance in natural and morbid parturition, I have employed it, with few and rare exceptions, in every case of labour that I have attended, and with the most delightful results; and I have no doubt whatever that some years hence the practice will be general. Obstetricians may oppose it, but I believe our patients themselves will force the use of it upon the profession.* I have never had the pleasure of watching over a series of better and more rapid recoveries; nor once witnessed any disagreeable result follow either to mother or child; whilst I have now seen an immense amount of maternal pain and agony saved by its employment. And I most conscientiously believe that the proud mission of the physician is distinctly twofold, namely, to alleviate human suffering, as well as to preserve human life.

In some remarks which I published in "The Monthly Journal of Medical Science" for Sept., p. 154, relative to the conditions for ensuring successful etherization in surgery, I took occasion to insist upon the three following leading points:—"First, the patient ought to be left, as far as possible, in a state of absolute quietude and freedom from mental excitement, both during the induction of etherization, and during his recovery from it. All talking and all questioning should be strictly prohibited. In this way any tendency to excitement is eschewed, and the proper effect of the ether inhalation more speedily and certainly induced. And secondly, with the same view, the primary state of exhilaration should be entirely avoided, or at least reduced to the shortest possible limit, by impregnating the respired air as fully with the ether-vapour as the patient can bear, and by allowing it to pass into the lungs, both by the mouth and nostrils, so as rapidly and at once to induce its complete and anæsthetic effect * * * a very common, but certainly a very unpardonable error, being to exhibit an imperfect and exciting, instead of a perfect and narcotizing, dose of the vapour. Many of the alleged failures and misadventures are doubtless entirely attributable to the neglect of this simple rule; not the principle of etherization, but the mode of putting it in practice being altogether to blame. But, thirdly, whatever means or mode of etherization is adopted, the most important of the conditions required for procuring a satisfactory and successful result from its employment in surgery, consists in obstinately determining to avoid the commencement of the operation itself, and never venturing to apply the knife, until the patient is under the full influence of the ether-vapour, and thoroughly and indubitably soporized by it."

In fulfilling all these indications, the employment of chloroform evidently offers great and decided advantages in rapidity, facility, and efficiency over the employment of ether. When used for surgical purposes, I would advise it to be given upon a handkerchief, gathered up

*I am told that the London physicians, with two or three exceptions only, have never yet employed ether inhalation in midwifery practice. Three weeks ago I was informed in a letter from Professor Montgomery, of Dublin, that he believed that in that city, up to that date, it had not been used in a single case of labour.

into a cup-like form, in the hand of the exhibitor, and the open end of the cup placed over the mouth and nostrils of the patient. For the first inspiration or two it should be held at the distance of an inch or so from the face; and then more and more closely applied to it. To ensure a full and perfect anæsthetic effect—more especially when the operation is to be severe—a teaspoonful of the chloroform should at once be placed upon the hollow of the handkerchief, and immediately held to the face of the patient. Generally a snoring sleep very speedily supervenes; and when it does it is a perfect test of the superinduction of complete insensibility. But many patients are quite anæsthetic without this symptom.

As an illustration of the influence of this new anæsthetic agent, I will select and append notes of two operations performed with it on Friday last by Professor Miller—the first in the Royal Infirmary of Edinburgh,* the other in private practice. The notes and remarks are in Mr. Miller's own words.

Case I.—"A boy, four or five years old, with necrosis of one of the bones of the forearm. Could speak nothing but Gælic. No means, consequently, of explaining to him what he was required to do. On holding a handkerchief, on which some chloroform had been sprinkled, to his face, he became frightened, and wrestled to be away. He was held gently, however, by Dr. Simpson, and obliged to inhale. After a few inspirations he ceased to cry or move, and fell into a sound snoring sleep. A deep incision was now made down to the diseased bone; and, by the use of the forceps, nearly the whole of the radius, in the state of sequestrum, was extracted. During this operation, and the subsequent examination of the wound by the finger, not the slightest evidence of the suffering of pain was given. He still slept on soundly, and was carried back to his ward in that state. Half an hour afterwards he was found in bed, like a child newly awakened from a refreshing sleep, with a clear, merry eye, and placid expression of countenance, wholly unlike what is found to obtain after ordinary etherization. On being questioned by a Gælic interpreter who was found among the students, he stated that he had never felt any pain, and that he felt none now. On being shown his wounded arm, he looked much surprised, but neither cried nor otherwise expressed the slightest alarm."

Case II.—"A young lady wished to have a tumour (encysted) dissected out from beneath the angle of the jaw. The chloroform was used in small quantity, sprinkled upon a common operation sponge. In considerably less than a minute she was souud asleep, sitting easily in a chair, with her eyes shut, and with her ordinary expression of countenance. The tumour was extirpated, and a stitch inserted, without any pain having been either shown or felt. Her sensations throughout, as she subsequently stated, had been of the most pleasing nature; and her manageableness during the operation was as perfect as if she had been a wax doll or a lay figure.

*Professor Dumas, (of Paris,) Mr. Milne Edwards, Dr. Christison, Sir George Ballingall, and a large collection of professional gentlemen and students witnessed this operation and two others performed with similar success by Professor Miller and Dr. Duncan.

"No sickness, vomiting, headache, salivation, uneasiness of chest, in any of the cases. Once or twice a tickling cough took place in the first breathings."—*London Medical Times.*

Effects of the Ergot of Rye on the Parturient female and her offspring.—With the view of throwing some further light on the action and effect of the ergot, Dr. Samuel L. Hardy, of the Dublin Lying-in Hospital, has kept accurate notes of a large number of cases, in which this drug has been administered during parturition. Several of his observations are of considerable value.

Time at which the action of the ergot on the uterus commences.—From comparing tables which the author has drawn up, it appears that, in some cases, ergot acts on the uterus, so soon as seven minutes after its administration, whilst in others, a much longer period of time is required; but in the generality, from about ten to fifteen minutes may be stated as the average. In those cases where the children have been expelled alive, Dr. Hardy has always observed the action of ergot on the uterus, to commence within twenty-five minutes. On the other hand, when a longer period than that elapses before the uterus takes on action, the use of instruments has been necessary to perfect the delivery, or the children have been dead born. In some instances, the ergot has produced in the uterus a kind of tonic contraction, without any effective expelling pains. In accordance with what has been observed by others, the author has noticed that, in those cases where the ergot has acted beneficially, its exhibition is followed by strong expulsive pains, which gradually increase in frequency, so that, in fact, they may be said to run into each other, there being no distinct interval between them.

Effect on the Pulse.—In nineteen cases of those which Dr. Hardy has recorded, there was a marked diminution in the frequency of the mother's pulse, following the administration of ergot, and this effect generally began to take place from about fifteen minutes to half an hour. In all these instances where the depression of the pulse occurred, the fœtal heart underwent a similar change. Hence the author is led to inquire, is ergot a safe remedy in a case where the woman is greatly reduced by hemorrhage arising from relaxation of the uterus after delivery? He mentions a case bearing upon this point, where a draining had continued for several hours after the expulsion of the placenta, by which the patient was greatly weakened; the usual dose of powdered ergot was given, and was followed almost immediately after by most alarming depression, requiring the administration of the most powerful stimulants. In several of the cases the depressed state of the circulation continued for several days, notwithstanding, in some instances, inflammation of the uterus followed delivery; and the uterine tumours not unfrequently remained much larger than natural, even where there was no reason to suspect the presence of inflammation of that organ.

Effects of Ergot on the Fœtal Heart.—The effect of ergot on the fœtal heart, is still more remarkable than on the maternal pulse, and, in a practical point of view, deserves a much more serious investigation.

In a great majority of the author's cases, a diminution in the fœtal

heart's pulsations followed the administration of ergot. The period at which this effect begins to be produced, varies from about fifteen minutes to half an hour, sometimes a little sooner, and occasionally at a later period. The most common effect, and usually the first the author has observed, is a diminution in the frequency of the pulsations; this is succeeded, after some time, by an irregularity in its beats, which irregularity continues, more or less, until the sounds intermit, and at length, after a variable period, become quite inaudible. Dr. Hardy has been led by his observations to the practical inference that, in those cases where the number of the fœtal heart's pulsations have been steadily reduced below 110, and at the same time, with intermissions, the child will be rarely, if ever saved, although its delivery should be effected with the greatest possible speed. But the mere depression of the fœtal heart below 110, without intermission, is not, in itself, sufficient to cause this result, as instances have occurred where the number of pulsations has been still more reduced, (in one case as low as 56,) and yet by speedy delivery, and adoption of the usual remedies, the children have been saved. But in none of these cases was there a steady, distinct, and well-marked intermission. The knowledge of these facts points out the necessity of watching closely the state of the fœtal heart, after the administration of ergot, as delay beyond a particular time cannot be allowed with impunity to the life of a child. Should the case, in other respects, be eligible for the application of the forceps or vectis, in order to save the child, it must be had recourse to within a certain period, which can only be known by the careful use of the stethoscope. The author's observation fully coincide with those of Dr. Beatty, who fixes the limit beyond which the child will rarely be born alive, at two hours. To this rule he has met with but three exceptions. But death of the fœtus may occur long before the expiration of two hours. In two instances, the children were lost, although only twenty minutes in one, and twenty-five in the other, had passed from the administration of the ergot to their expulsion. In these instances, the depressing effects of the ergot are so great, that frequently after births, a considerable time elapses before the children can be perfectly restored; and Dr. Hardy has observed, that infants born in a weak state, where no ergot was given to cause their expulsion, have been restored to animation with must less difficulty, than in those cases in which this medicine was administered during labour. Hemorrhage, after the birth of the child, is an occurrence the author has never met with in any case where the uterus was sensibly affected by the ergot during labour.

With some few exceptions, the women had generally good recoveries. Of those who were attacked with inflammation, all recovered but two. One was a case of retained placenta where the hand was introduced; this patient died of uterine phlebitis. In the second, there was inflammation of the peritoneum and uterus.

The children who were born alive, all, with one exception, did well. In this case, delivery was effected by the forceps, as the fœtal heart had fallen so low as 100 from the effect of the ergot. This statement refers only to those cases where complete restoration was accomplished after delivery.—*Dub. Jour. Med. Sci., from St. Louis Med. and Sur. Jour.*

The Action of Hydrocyanic Acid on Iodine.—Dr. Hope, of Booth, near Liverpool, after remarking that if we take a solution of either the simple or compound tincture of iodine, of the Pharmacopœia, we can easily detect its presence with starch, and that if to this solution we add sulphuric, nitric, hydrochloric, tartaric, or acetic acid, we shall find they have no influence on the colour, nor will they interfere with the action of starch as a test, adds, if, however, we take a solution of hydrocyanic acid, (Scheele's strength,) fifteen minims to one ounce of water, we shall find a very different result; for if from fifteen to twenty minims of the tincture of iodine, simple or compound, be added guttatim, it will be immediately bleached, the water remain perfectly colourless, and no trace of the iodine be detected. Dr. Hope concludes his communication by putting the following queries:

"1. Is the action reciprocal, and how is the change effected?

"2. How far would it be useful to administer iodine in cases of poisoning by prussic acid?

"3. In case of an overdose of iodine, or a liniment containing it, being swallowed, would any good result be obtained by giving the hydrocyanic acid?"—*London Lancet.*

Medical Education at Constantinople.—The medical school of Galata, Constantinople, is in a thriving condition. The courses of lectures are at present attended by 454 pupils, of whom 409 are matriculated students. The periodical examinations are rigorously conducted, and every student who, after two years' study, does not reach the upper class, is thereafter excluded. Sixty pupils have been expelled during the present year, either for ignorance or misconduct. There are ten classes of students, and more than one half (238) are placed in the first class.

It is a remarkable fact, that Chairs of Medical Jurisprudence and Police are already established in this infant institution; and that Turkey is in this respect in advance of England, is proved by the fact, that, in the event of murder, there is a government medical officer specially appointed to conduct the inspection and report on the cause of death. The Royal College of Surgeons of England, it is well known, does not consider a knowledge of these subjects to be of any importance to its members, or of any utility to society: hence the study of them does not enter into its curriculum! The Government, too, leaves the selection of medical men for the purpose of making inspections and reporting on the cause of death, in cases of suspected murder, to parochial beadles and the local constabulary! The power of ordering post-mortem examinations is also left in the hands of a functionary who is in most cases a non-professional man!" —*Medical Gazette.*

Discharge of a Tooth from the Ear. By Mervin Coates, M. D. —The following curious case happened in my practice. At the time of its occurrence I resided in the Isle of Wight. In the summer of

1846, being myself absent from home, a friend was called upon to attend an old, poor man, who had suffered for some days from severe pain over the whole of one side of the face and head, but more intensely still about the ear. He found him feverish, in great pain, and incapable of opening his mouth; the pinna and skin lining the external meatus were highly inflamed and swollen. Warm fomentations, poultices, and purgatives, were ordered. Two days afterwards I paid him a visit. He was then in great pain, and, otherwise much in the same state as I have already described, but, in addition, there was an oozing of pus from the meatus, and almost entire closure of that passage by a whitish substance, which the patient conjectured to be a piece of onion, introduced there by the recommendation of some old woman, but which a probe detected to be bony. The patient declining to have this removed, he was recommended to continue to foment and poultice. That same night a fit of sneezing forced out the piece of bone felt by the probe, which proved to be one of the wisdom-teeth of the upper jaw; after that the man got well.—*London Lancet.*

Treatment of Burns.—M. Jobert, of the Hôpital St. Louis, has tried the prolonged application of ice to severe burns, and this with the most happy results. Two cases occurring recently in his practice are briefly recorded in *L'Union Médicale.* A man was brought into the hospital with a deep and extensive burn of the right hand—a burn so bad, that the two last phalanges of the index and middle fingers sloughed and required amputation. The other fingers were much less deeply injured, but yet very severely; the calf also presented a large scar. M. Jobert applied lint spread with cerate, immediately to the wounds, and over this placed some bladders filled with ice, which were kept constantly applied, the ice being frequently renewed. No febrile reaction took place; the sloughs separated, and cicatrization went on rapidly, without the formation of bands to contract. The other case was still more severe, and occurred in a young man employed in a match-factory, who was burned by the deflagration of a mass of phosphorus which he was preparing. The entire face was burned; the globe of the right eye, including the cornea itself, was covered by a burnt scab, which, on separating, has left a large ulcerating surface, suppurating copiously; the forehead, nose, and cheeks, were also implicated in the burn. The use of the ice, in the preceding manner, has prevented the development of any of those inflammatory accidents which are so common in burns so extensive; febrile reaction has been scarcely sensible; the pulse hardly increased in frequency; and the pain very moderate. There has been, however, a little delirium, but connected, according to M. Jobert, not with the general state of the system, but with the local inflammatory action going on in the eye. Cicatrization has proceeded quickly, and no cellulo-cutaneous bands have formed; the new skin formed is smooth and even, and the production of new tissues has taken place with perfect regularity.—*Ib.*